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J. FULTON, M.D., M.R.C.S. Eng., L.R.C.P. Lond.

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Original Communications.

TREATMENT OF RECENT WOUNDS.

BY D. L. PHILIP, M.D., BRANTFORD, ONT.

So many and various methods have been advocated and adopted in recent years of treating wounds, that the young and inexperienced surgeon may be pardoned if at times he is somewhat in doubt as to the best method to employ. In considering this subject three points may be chiefly dwelt upon: Sutures and other methods of uniting wounds; drainage; and antiseptics.

The Sutures.—The materials recommended and used for this purpose have varied from time to time, but there are only four with which we need concern ourselves—wire, silk, catgut and horsehair. Adhesive plaster may also in some measure be deemed a suture, (by the older surgeons it was termed a dry suture) and is sometimes employed for bringing together the edges of wounds, or affording them support, so as to prevent any strain upon the tissues. The following are Mr. Lister's directions as to the manner of using it:—"If strapping is required, common adhesive plaster may be rendered antiseptic by dipping it for a second or two in a watery solution of the acid, and it is most convenient to have the lotion hot, (say one part of one to twenty, to two parts boiling water) so that the strap is warmed at the same time by its immersion. It can then be effectively applied under the spray, etc."

Metallic sutures so rarely cause any irritation that they may be inserted very near each other with impunity. Sutures far apart with gaping intervals are comparatively useless. If the cut surfaces are to adhere they must be brought into contact and kept there, and for this purpose metallic sutures half an inch apart or even less, are most efficacious. An extended experience has quite borne out the non-irritating character of silver wire as a suture, and though the objection is the difficulty of its removal, yet it is very generally adopted. Iron wire was used and recommended by Sir James Simpson, both for its physical qualities and its cheapness, but it has now fallen into disuse, and the silver wire has taken its place. The objection to the use of the metallic sutures is the tension to which they sometimes give rise; to obviate this, it is advisable in certain cases to make use of sutures which can be absorbed by the tissues, and to a large extent this is accomplished by carbolised or chromicised catgut. If the tissues are lax and union by the first intention takes place, the new material which unites them is sufficiently strong in three or four days to resist the normal elasticity of the skin; in such cases a fine catgut would last for the required time, but as from exudation of blood or serum, or other causes, either the union may be delayed or the tension somewhat greater, the catgut must be of such a quality and thickness as to secure it from absorption for a week or over. The fact is, if a wound be perfectly lax sutures are of use only in maintaining steadiness, while, on the other hand, if the tension is such that the wound requires support against it after the first week, any ordinary suture which may have been left in will cut its way through the skin, and so far from doing good will add to what inflammatory action may be present. Carbolised silk sutures were introduced by Lister by having the ordinary surgeon's silk carbolised. Prepared in this way carbolised silk showed itself preferable to catgut as less amenable to absorption and superior to wire, not only on account of its perfect suppleness but because of its actively antiseptic character, and ensured absence of putrefaction in the track of the stitch.

Catgut Sutures.—These sutures are made of the carbolised gut used for ligatures, and are very serviceable for suitable cases; but they are very soon absorbed and will not last beyond a few days. It is however this power of being absorbed that has given catgut its wide range of utility, especially for uniting deep-seated tissues, where it can be cut short and left undisturbed, the parts above it being allowed to heal. A suture or ligature prepared by treating catgut with chromic acid—chromicised catgut—has been prepared by Dr. McEwan, Glasgow, and bids fair to accomplish useful purposes. It resists the action of the tissues much longer than the carbolised gut; in the shape of deep as well as superficial sutures it has been tested by leading surgeons many times, and will in most cases resist the action of the tissues for a fortnight or over, and produce no appreciable irritation. Three important questions arise regarding the efficiency of any suture, does it produce irritation in the tissues, how long does it act efficiently as a ligature, and when does it become absorbed? In determining the point of the length of time which it will maintain its hold in the tissues before being softened, it was employed as a deep stitch in 31 instances; the earliest time it was found softened was nine days, the longest nineteen, the average fourteen; it disappears about the 20th day. It is eventually absorbed by the tissues as is evidenced by their action on the chromicised stitches.

The Drainage.—Drainage is in many respects an admirable procedure and in some respects the recognition of the principle it involves is one of the most marked improvements in modern surgery. But there is little doubt that its use has been carried too far; in suppurating and septic wounds it may easily become a source of irritation.

India Rubber Tubes.—The introduction of systematic drainage of wounds was due principally to Chassaignac, who effected his purpose by the use of India rubber tubes, which bear his name. There are, however, certain disadvantages connected with their use; they cause irritation by acting as foreign bodies, and necessitate the dressing of the wound in order to shorten or otherwise adjust them.

Carbolized Catgut as a drain.—The use of carbolized catgut as a substitute, was proposed by Mr. Cheine; eight or twelve threads would effect the drainage of the wound through capillarty action, and its absorption would prevent the necessity of dressing the wound, practically, however, it had objections; it was found that soon after introduction into the wound it swelled and softened, and became closely connected with neighboring tissues. Its rapid absorption was its main advantage, but the rapidity with which this was accomplished destroyed in a great measure its utility as it was difficult to presage whether in a given wound drainage might not be required for a longer period than a few days, beyond which it was useless. Its physical character precluded it from draining pus.

Horse Hair as a Drain.—Mr. White proposed horse hair as a drain on account of its cheapness, its adaptability, its resistance to absorption and its non-irritating properties. It is now very frequently used with the best results. A wisp of hair introduced into a wound is supposed to act by capillary action; it can do so in two ways, by the minute spaces existing between the individual hairs forming capillary tubes, and by the flow of the fluid along the outside of the hair. The finer the tube the higher will the fluid rise in it, consequently in this respect hair will be a better capillary drain than most sizes of catgut. All liquids do not rise to the same level in capillary tubes while some are actually depressed within them; serum and liquid blood rise within these tubes while pus does not do so to any great extent. For blood and serum therefore horse hair is an excellent drain, but for pus it is not reliable For the drainage of pus something else is required than capillary drains.

Bone Drains.—Recently Neubauer has introduced what he calls "resorbent tubes," drilled out of horse and ox bones, and then decalcified and carbolised, their object being to act as drains and then to yield to absorption. In cases in which they were used they disappeared in from two to five days. These tubes disappeared too soon; they acted during the period that blood and serum required to be drained, and disappeared before pus was likely to be found. What was wanted was a tube which would remain in the tissues as a drain for eight or ten days and then become absorbed. This purpose is accomplished by chicken bones, which are easily prepared for use by a simple process; they are pliable and elastic, capable of retaining for some time their form under the weight of thick flaps. The tibiæ make the longer, the femora the wider tubes. These tubes are always threaded with hair before they are introduced into fresh wounds; any kind of drainage tube introduced into a wound is apt to become blocked with blood clot; to obviate this it is threaded with hair, which sheds the blood and serum of the first few days, after which the hairs being no longer of use are removed leaving the drainage tube perfectly patent.

Antiseptics.—There are two methods whereby the evils of septicity may be avoided, to prevent the entrance of the germs of putrefaction, and to render the soil unsuitable for their multiplication. The first and most important involves all that minute attention to detail in cleanliness and the use of germicides, which Mr. Lister has so thoroughly established; his antiseptic method or some modification of it is now generally employed wherever practicable; the method of its application is well known to most surgeons. The success of the treatment is generally admitted by those surgeons who have given it a fair trial, and many are only deterred from using it by the extra labor which it entails. But the second is scarcely less important; it is less important, because if the entrance of noxious germs be prevented, it would matter little what the nature of the soil might be. But germs creep in notwithstanding all precautions, and it is of great moment that they should find conditions unsuitable for their multiplication; for example, the chances of a wound becoming septic are much greater in a diseased than in a healthy man, and it is certain that the results of septicity are much worse in the weakly than in the strong. This object of course involves the care of the patient's general condition; but the soil may also be rendered unsuitable for germination by means applied locally. Dryness is highly conducive to safe and rapid healing, moist warmth favors all forms of decomposition and promotes exudation; careful arrest of hemorrhage and a covering at once dry and permeable are therefore strongly indicated. There is no doubt great difficulty experienced by the general practitioner in attempting to carry out the minute details of the Lister dressing; where practicable, however, its efficiency is too well established to be gainsaid. There are, however, several modifications of it which answer the purpose and are much less expensive, thus removing one of the objections to its use. Professor Esmarch has achieved great success, as is well known, under the system of infrequent antiseptic dressing, it being a by no means uncommon event for the first application to be left undisturbed for a month; in place of antiseptic gauze, he uses, large pads of carbolized jute, which readily absorb the discharges, with carbolised varnish paper over all and starched gauze bandages; protective is not used. Neubauer's bone drainage tubes are extensively used, and indeed without some such self-removing drain, the dressings could not in resection and other cases, be left untouched for so long a time as they are with its help. The tube is kept in its place by being simply transfixed at its outer end with a common safety-pin, and when after two or three weeks the first dressings are removed, these pins are usually all that remains to show where the decalcified bone tube has been. The solution of carbolic acid used for the spray, is of the strength of one to forty, and it is not thought necessary to have it playing immediately on the wound, but this latter is washed out frequently with carbolic acid lotion.

Dr. Little, Professor of Clinical Surgery in the University of the City of New York, has adopted and extensively used a modification of the Lister dressing, especially applicable to the treatment of small wounds, in which he has met with gratifying success; it is easily applied and admirable in its results. He says: "I have been for several years surgeon to a large factory in this city in which three thousand hands are employed, and where injuries by machinery are very frequent. These injuries are chiefly of the hands and fingers, caused by being caught in cog-wheels and other parts of the machinery. In many cases the fingers are torn off, tendons are pulled from their sheaths, joints are opened, and the hands are often severely crushed and lacerated. In all of these cases I have for the past six years been using the following simple antiseptic dressing: Having put the parts in a condition for dressing, I wash the wound in a carbolic solution (1 to 20), I then cover the parts with a thick layer of borated cotton, and then snugly and evenly apply a simple gauze bandage These thin bandages distribute the pressure more evenly over the cotton, and are more easily saturated with fluids than those made with unbleached muslin. The patient is instructed to keep the outside of the dressing wet with a solution of carbolic acid (1 to 100). The dressing may be left undisturbed for several days unless there is pain, rise of temperature or discharge through the dressings; these conditions are always to be considered indications for redressing. My experience with this dressing covers a period of six years, during which time I have treated nearly three hundred cases of open wounds—*not one of the number* has been followed by inflammatory symptoms. Extensive lacerated wounds and dead tissue has sloughed away without giving rise to any of the so-called symptoms of inflammation; neither pain, redness, heat, swelling nor constitutional disturbance has resulted. No counter openings have been necessary. These results are the more remarkable from the fact that many of these patients were in an unhealthy condition, some suffering from anemia, some from cardiac disease, phthisis and the like. The value of cotton wool as an antiseptic dressing is, I think, not fully appreciated by the profession. M. Guerin, Paris, in 1872, and since then Mr. Gamgee, of Birmingham, have called attention to its great value. Used in the way I have indicated it seems to me to be as perfect an antiseptic dressing as the gauze and other materials of Lister, while at the same time it is free from all objections that pertain to the latter, and which hinder their use by the general practitioner. If applied in sufficient quantities around an open wound, it protects it thoroughly from the floating matter of the air which is supposed to be the real inciter of suppuration. It is the best germ filter known to us. Tyndall, whose experiments were carefully made, found that while filtering the air and endeavoring to get it perfectly pure, atmospheric dust which would readily pass through sulphuric acid and a strong solution of caustic potash, was completely stopped by ordinary cotton wool. I would state in conclusion that my experience thus far seems to shew that this dressing, so easy of application, is as thoroughly antiseptic as Lister's appliances, and that it has the advantage of doing away with the necessity of using costly "protective oil silk, macintosh cloth, carbolised gauze, etc., and gives us a dressing that can be used by any one, under any circumstances, be it in city or country. The borated cotton is easily kept for months unchanged. The fact that the dressings need not be done oftener than once in several days will especially commend it to the country physician." The success of this procedure in the treatment of large wounds after accident or amputation, will increase its importance and materially extend its field of usefulness.

UTERINE TENTS AND THEIR USES.*

BY J. G. ATKINSON, M.D., ETC., OAK HILL, N. B.

Mr. President and Gentlemen,—The idea of dilating the os uteri by means of compressed materials has long been recognized. Aëtius, an early medical writer, describes this treatment. The venerable Parè practised it. Dr. Macintosh, of recent times, now deceased, was a great advocate of its use, and Dr. Simpson, of Edinburgh, and Drs. Oldham and Barnes, of London, accepted it. Leading gynecologists now universally regard this measure as of infinite service in certain cases. Various dilating materials have been used. Tents were formerly made of ivory, the bony matter having been taken out of it by means of hydrochloric acid. A tent made in this manner, when placed in the cervix, would swell to double its former size. But the favorite agents of to-day are the sponge, laminaria and tupelo tents.

Since its first introduction as a uterine dilator, the sponge tent has undergone numerous modifications and improvements. When first manufactured, a flat piece of sponge "was saturated with wax, and pressed flat between pieces of marble." This was a very inefficient instrument, as it only expanded in one direction. Dr. Sims, in his work on Uterine Surgery, was the first to suggest the conical form of sponge tents. Saturating a conical piece of sponge with a strong solution of gum arabic, and passing a wire stylet through it from centre of base to apex, he wound it tightly with a strong cord, and hung it up to dry, after which the cord and stylet were removed and the tent smoothed with sand-paper. Subsequently it was found that if the cord was wound around the sponge sufficiently tight to give the tent good expanding force, the stylet was removed with considerable difficulty. This inconvenience induced Dr. Albert H. Smith, of Philadelphia, to devise a new method of preparing the tent. Taking a cylindrical piece of sponge saturated with water only, and without employing a central stylet, he wound it with a piece of fishing-line to which a six-pound weight was attached. This thoroughly compressed the tent to which the form was given by the fingers during the rolling process. The common method of preparing sponge tents consists in cutting conical pieces of sponge from two to three inches long with bases varying from the width of a little finger to that of an egg. Each piece is saturated with mucilage of gum arabic, a wire is then passed through its centre, when it is wound tightly from apex to base with a strong cord. The stylet is then taken out and the tent hung up to dry, after which the cord is removed, and another is either passed through the sponge and sewed fast to its apex, or simply passed through the tent at a short distance from the base. None but clean, fine, strong material should be used in preparing tents. Those made of coarse rotten material are liable to break during extraction, leaving pieces in the uterine cavity, which may lead to serious results. A tent should be made from a cylindrical piece of material, and when finished, should be of uniform size from end to end. The apex of a conical tent does not have sufficient dilating power over the internal os. The conical tent has frequently been withdrawn with its apex unexpanded, while the cervical cavity and external os were dilated by the base of the tent. If a conical tent is used the apex should be cut off. Experience favors the use of the straight in preference to the curved tent, as the former requires less force for insertion, and the uterus is easily straightened before introduction, by means of a soft metal dilator.

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*Read before the N. B. Medical Society, July 18, 1883.

In regard to the qualities and action of tents, the sponge tent expands quickly but dilates slowly. This being the case, it is not liable to slip from the uterus before extraction. It is porous, and permits escape to the menstrual and other discharges, and on this account may be used during the menstrual period in the treatment of sterility. It "has a disintegrating power over morbid surfaces," and is an efficient means of treatment in many cases of intra-uterine disease. The sea-tangle tent has the advantage over the sponge in that it allows no animal matter to decompose, producing fetor and irritation; it has greater dilating power than the sponge tent, and causes more pain than the latter; it is liable to slip from the uterus after it is fully expanded. It does not possess the action of sponge over "morbid surfaces." A laminaria tent the size of a No. 8 bougie will sufficiently expand the canal to admit the finger. Tupelo tents are generally of uniform size from end to end; they are smooth and easily introduced; they have good dilating power, and cause little pain; they do not imbibe much of the discharges, nor sink into the uterine tissues. If large enough to be of any benefit, they will not allow discharges to pass through or beside them, and therefore not useful during menstruation.

In preparing the tent for insertion, Prof. Mundé dips it first into a jar of liquefied carbolic acid, and passes it rapidly into a jar of vaseline, and afterward passes it rapidly into the uterus. Dr. A. H. Smith coats the tent with soap or cocoa butter, into which finely powdered salicylic acid is thoroughly rubbed. In this day of antiseptic precautions, carbolized tents are prepared for immediate use. These only need lubricating. In introducing the tents many use a properly constructed tent carrier consisting of a handle into which is fastened a stylet carrying a spiral for disengaging the tent after it is forced home. A uterine probe or piece of stiff wire carrying a catheter, makes a good temporary instrument; some employ a peculiar forceps made especially for inserting tents; these hold the tent firmly and enable the operator to pass it rapidly to its position; others use no instrument of any kind, but simply wind the string hanging from base of the tent around the index finger of right hand, and insert adjacent thumb nail into base of tent; they then pass the first and second fingers of the left hand behind the cervix, and inserting the apex of tent into the os uteri, the left hand is transferred to the abdomen, counter-pressure made, and the tent forced home. The most convenient method consists in the use of the bi-valve speculum, soft-metal dilator, and tent carrier or forceps. The speculum exposes and holds the parts steadily to view, the dilator prepares the part for the reception of the tent, and the carrier or forceps forces it home while pressure is made over the fundus. If the insertion of a tent is immediately followed by severe pain, it should be withdrawn one quarter inch, as pain may be caused by the pressure of tent on the fundus. In regard to the position of the patient, this is a matter of choice. Prof. Mundé places his patient in Sims' position, seizes the cervix with a tenaculum, and inserts the tent with strong forceps. Dr. A. H. Smith prefers the position on the back, asserting in defence of this position, that the relation of the parts is more natural, and that the uterus is more easily straightened by counter pressure over the fundus, making insertion easier.

With reference to the length of time a tent should remain in the cavity, opinions differ widely. Dr. Barnes states that a tent should be introduced in the evening and removed early on the following morning, or introduced in the morning and removed in the evening, claiming that this method "combines the least distress to the patient with the greatest convenience to the surgeon." One eminent writer asserts that a "tent ought never to be left in the uterus more than twelve or at longest twenty-four hours." Prof Mundé states that he always removes a tent at the end of twenty-four hours; that "he always dreads some bad result, but has been fortunate so far, and has not seen any." Many eminent gynecologists allow the tent to remain in the uterine canal for forty-eight or seventy-two hours, for which plan the following reasons are given:—At the end of twenty-four hours the sponge is buried in the uterine walls, which firmly grasp the tent, and if it is now extracted it will drag away portions of uterine tissue, causing hemorrhage, and leaving a raw absorbing surface. At the end of forty-eight or seventy-two hours, the tent is easily withdrawn without removing tissue, and no bleeding follows. Again, at the end of twenty-four hours the uterus still retains its contractile power, so that if a finger or instrument be introduced either for diagnosis or treatment, the irritation thus produced causes the uterus to rapidly contract, rendering medical or surgical procedure unavailing. At the end of forty-eight or seventy-two hours the uterus becomes paralyzed, the pain has ceased, and the local irritability is so reduced that a satisfactory diagnosis and treatment may be carried out. From all this it will be seen that the end to be attained must guide in the method of application. If only simple dilatation is required the tupelo or laminaria tent will effect it in twenty-four hours, and one of these tents is to be preferred; but if the dilatation is required to facilitate diagnosis and treatment, then the sponge tent will answer the most ends and best purposes, and should remain in the uterine cavity at least forty-eight hours, unless symptoms should arise compelling removal. The patient should remain in bed from the time of insertion of tent until two days after its removal. Hot water injections after insertion quickly expand and fix the tent; some lightly plug the vagina with lint soaked in carbolic acid oil. Antiseptic solution injected into the vagina every few hours is both proper and requisite; pain may be controlled by opium, or opium and belladonna suppositories introduced per rectum. After the removal of a tent, the uterine cavity should be washed out with a warm solution of salicylic acid or other suitable antiseptic fluid, the vagina to be washed out with the same during the stay in bed. In removing a tent, the operator should push in slightly at first, then rotate the tent by means of forceps until it becomes perfectly loose; extraction should be made with a twisting motion in one direction.

There are dangers also attending dilatation of the cervix. Dilatation of the cervix may be affected in several ways, each of which presents a history of alarming, if not fatal symptoms. Among the evil consequences which have followed the use of uterine tents may be mentioned septicæmia pelvic cellulitis, peritonitis and tetanus. Dr. Sims relates a number of such cases, some of which threatened a fatal issue. Dr. Aitken (Edinburgh *Journal*, 1870,) relates others, in one of which retro-uterine hæmatocele occurred. Beside these formidable results, we have various reflex nervous disturbances, either with or without danger. Dilatation of the cervix by incision offers no less danger. Bloodvessels enter the cervix just above the internal os penetrating deeply into its structure, and "venous canals are maintained as more or less rigid tubes." An incision a quarter of an inch deep is liable to divide these vessels, and as a first danger, alarming hemorrhage takes place; and as a second, from the gaping of divided veins, and the injury to the structures through which they run, pelvic inflammation and septicæmia result. Dilatation by incision, or by mechanical dilators other than uterine tents, offer no advantages over the latter, as all are frequently attended with but transitory results, for the isthmus may contract again, while incision is attended by greater danger than either. To avoid the danger of septicæmia, the strictest antiseptic precautions should be observed both in regard to the tent employed and in the treatment of the patient. Dr. Aitken claims that a tent should never be employed where there is any inflammation, and Dr. Barnes terms this "a proper caution." But this view has not been sanctioned by medical experience, as the employment of tents is the most successful treatment in chronic metritis and hyperplastic enlargement. Prof. Mundé states that, "It is a maxim that a sponge tent should never be introduced into a fresh wound," and it has been shown, elsewhere, that if a tent is removed twenty-four hours after its insertion, hemorrhage is the result, demonstrating that the tent has produced a fresh wound. Some contend, that these cases which terminated in a fatal issue were probably due to the insertion of hree successive tents at intervals of twenty-four ours. Pelvic cellulitis, peritonitis and tetanus nay be expected in practising such a treatment. The employment of tents only at intervals of forty-eight hours is the safest and most efficient method or reasons already given. At a late meeting of the Philadelphia Obstetrical Society, the weight of medical testimony was given in favor of this method, and experience had seen no evil results following such a plan. Before leaving this point, attention is called to an incident which sometimes occurs at the internal os. This part yields to the dilating power with most difficulty. At this point, sometimes, a deep furrow or circular constriction is formed in the tent, while the uterine and cervical ends are freely expanded, and there is danger of the upper expanded portion becoming detached by the force of traction, to be left in the uterus, producing fetor and irritation. It is well to bear this fact in mind during extraction.

Diagnosis and treatment by means of tents.—Uterine tents are valuable aids to the surgeon, both as a means of diagnosis, and as an important therapeutic measure. In obscure intra-uterine disease the speculum, sound and other instruments have proved inadequate as a means of diagnosis without previous dilatation of the uterine canal. Having effected a thorough dilatation of the uterine cavity, the finger and the endoscope can survey the whole endometrium, making a rational diagnosis. Dilatation of the uterine canal, sometimes affords the only opportunity of pursuing an efficient treatment. Well authenticated instances are recorded in which uterine tents employed as a means of diagnosis, also resulted in an efficient means of cure. The surgeon suspecting the existence of some obscure morbid growth in the interior of the uterus, introduces a tent to facilitate exploration, and after withdrawing it is agreeably surprised to discover that the sponge has disintegrated the morbid product, so that it can be removed by the finger.

In cases of severe *hemorrhage* in the non-pregnant state, we are suspicious of intra-uterine disease. Here, the internal administration of astringents is often worse than useless, and we are compelled to employ other expedients for allaying the hemorrhage. In his work on "Medical and Surgical Diseases of Women," Dr. Barnes explicitly states in italicised words, "*in all cases of hemorrhage coming from the body of the uterus, obtain and maintain free patency of the cervical canal,*" and he adds, "in cases of abortion, of the hemorrhages of gestation, of intra-uterine polypi, of hypertrophy of the mucous membrane, of malignant disease of the interior of the uterus, to afford free escape to the hemorrhage, and free access to its source to control the bleeding is the first necessity." The uterine tent will answer both of these indications in that it expands the canal, allowing free escape to the hemorrhage, and permits the surgeon to have free access to its source to apply the appropriate remedies. But in answer to this mode of treatment, it may be urged that a catheter or other tubular instrument may be introduced into the uterus, and through it a styptic injected to control the hemorrhage. But this is frequently useless as well as dangerous treatment—useless, because the styptic may be lost upon the clots—dangerous, because the styptic fluid may be driven along the Fallopian tubes, producing alarming, sometimes fatal results. Again, it may be urged to employ a swab upon the end of a probe, and introduce this charged with the styptic. Here, too, this method is often fruitless, because the charged swab, irritating the cervix in its passage, causes a contraction of the canal, and cannot be introduced. Plugging the vagina with a tampon is a useful temporary expedient, but has the disadvantage that it does not in any way alter the condition in which the flow originated, and the hemorrhage sets in again after its removal. But all these means, if successful in checking the hemorrhage, will not remove the original cause. The sponge tent, possessing a disintegrating power over morbid surfaces, removes the cause of hemorrhage. In 1852, Dr. J. Henry Bennet, of London, plugged the os uteri instead of the vagina, and this method, in his hands, proved a successful treatment in obstinate cases of hemorrhage. The uterine tent is an excellent tampon for the purpose, and is an efficient means of controlling the flow. Filling up the entire cavity, it does not allow clots to form and degenerate into fibrinous masses. Again, Dr. Barnes asserts in effect, that preliminary dilatation of the cervix uteri, in many cases, is sufficient to arrest the hemorrhage. The uterine tent is a safe and efficient dilator fulfilling this indication also. The conclusion is therefore reached, that in the treatment of uterine hemorrhage, the tent acts as a dilator which may remedy the condition, and remove the cause; a tampon which checks the flow, and last but not least, leaves the canal in such a condition, that more efficient treatment may be employed.

The induction of premature labor may be rapidly and safely produced by the use of uterine tents. The usual plan of attaining this end is to introduce tents into the os uteri, a larger one being inserted every few hours. This method produces little pain, brings on labor rapidly, preserves the membranes intact as long as possible, and favors the birth of a living child.

In the treatment of certain forms of sterility tents are also serviceable. The causes of sterility are too numerous to be explained in this short paper. It may exist in the male as well as the female. In the female it may be congenital or acquired, absolute and incurable, or relative and temporary. Two classes of causes may here be enumerated :

1. Those in which obstruction prevents the meeting of the ovum and spermatozoa.

2. Those in which the mucous membrane of the uterus does not afford a nidus for the ovum.

Those causes in which obstruction prevents the meeting of the ovum and spermatozoa form a number of distinct conditions which are not within the province of this paper to discuss. Attention must be confined to the consideration of conditions which are relieved by means of tents. Narrowing of the uterine canal at some point, whether congenital or acquired, is a frequent cause of sterility. Dr. Barnes says, "by far the most common associated condition, in my experience, are congenital narrowing of the os externum and retroflexion of the uterus" But the narrowing may be at the internal os, or along the whole or at any part of the canal. Some difference of opinion is expressed concerning the value of the different tents used as a relief of sterility. One gynecologist of large experience is of the opinion that the cases which have been relieved by sponge tents would have probably received the same benefit from the laminaria and tupelo tents; while another gynecologist, equally eminent in every respect, holds that no other means which can be employed will answer as well as the sponge tent. The tupelo and laminaria tents will expand the canal, but they will not allow the menstrual discharge to pass through them unless perforated, and they are apt to slip from the canal after they have been expanded. The sponge is porous and allows the discharge to escape, and its surface being rough it will not slip from the cavity. The most successful practice consists in introducing a sponge tent into the uterine cavity just previous to a menstrual period and allowing it to remain until the flow has passed through it, when it is to be removed.

If tents are used between the periods, they prevent coition, cause a loss of epithelinm, and the canal is likely to contract again either before or during the ensuing period. Authorities state that the uterus sheds the elements of its mucous membrane at every menstrual period. "Virchow" contends "that the detachment of the uterine mucous membrane during the menstrual period is more complete than is generally supposed, and that in normal menstrual blood, heaps of cells are often met with, which, by their structure, reveal their origin in the uterine glands." This being the case, a sponge tent used during the period would not interfere with the sexual act, nor cause extra loss of mucous tissue, and the mucous membrane would return to its natural condition before the period at which conception generally takes place. Those cases in which the uterine mucous membrane will not afford a nidus for the ovum, make up a numerous class. Chronic metritis, hypertrophy, ulceration, fungoid and other growths, as well as chronic disease of the mucous membrane itself, may be mentioned in this connection. The successful treatment in these cases consists in curing the patient's disease. The sponge tent answers the indications, as by its use we get rid of a morbid surface and stimulate the uterus to produce a healthy membrane, which will afford a nidus for the ovum.

The sponge tent is safe and effectual in destroying *intra-uterine granular growths*, owing to its disintegrating power over diseased surfaces. "The healthy tissue will contract again, but diseased structure will not contract, but will slough off, its vitality being destroyed." Dr. A. H. Smith reports that he has had cases of uterine disease resembling epithelioma, attended by profuse hemorrhage, which were cured by the use of sponge tents—(*New York Med. Jour.*, Nov. 1882, page 520). In chronic metritis and hyperplastic enlargement, the sponge tent is invaluable in the treatment. It has stimulant effect on the uterine parenchyma. Dr. outh asserts that "the sponge tent itself suffices cause absorption and diminution of volume of e uterus." Drs. A. H. Smith, P. F. Mundé and Cheston Morris unite in their testimonies as to e value of sponge tents in the treatment of hy erplasia. When the prolonged applications of line and acids have failed in curing the disease, e repeated use of sponge tents will reduce the ulk of the enlarged organ and, perhaps, effect a ure. In the treatment of chronic metritis, the nt acts in imitation of an abortion—first expan ion, then contraction, assisted by the internal ad- inistration of ergot, will cure chronic metritis and nlargement.

In *dysmenorrhœa*, caused either by stenosis or norbid growth of intra-uterine membrane, uterine ents afford excellent means of cure. In dysmenorrhœa resulting from uncomplicated stenosis, the upelo or laminaria tent should be preferred, as hey dilate strongly and efficiently without lacerating the uterine walls. The tupelo tent causes the east pain. But in dysmenorrhœa complicated vith diseased surface, the sponge tent answers the ndications. The tent is employed just previously o a menstrual period, in the hope that the desired ilatation will be effected, or diseased surface removed, and the patient thereafter relieved.

We give the following cases to illustrate the reatment of morbid uterine conditions by means of tents :

Case i.—*Hemorrhage.*—A lady had been bleeding profusely at every period for three years. Supposing a polypus to be the cause of trouble, a sponge tent was inserted to secure dilatation. On removing the tent no polypus was detected, and nore tents were passed to fundus. On withdrawing these it was found that the tents had broken up fungoid growths, which were removed. The patient remained well after the uterus contracted.

Case ii.—*Sterility, stenosis.*—A lady, being sterile and suffering from dysmenorrhœa caused by stenosis, had a sponge tent introduced just previous to a menstrual period. The flow came on two days afterwards, "entirely without pain for the first time in the patient's experience ; the flow escaped through the sponge, and the latter was then removed. Conception occurred before the next menstrual period."

Case iii. —*Fungoid growth.*—A patient was sent from Boston to Philadelphia for diagnosis only. The uterus was dilated with the largest sponge tent passed to the fundus. After removing tent the finger detected fungosities on anterior wall. The sponge had disintegrated the growths, and the means of exploration, resulted in a cure.

Case iv.—*Chronic Metritis, Hyperplastic enlargement.*—This case had been treated with local applications of iodine, nitric acid etc. without any perceptible effect for considerable length of time, "when the repeated use of sponge tents resulted in a complete restoration" of the organ "to its natural size."

Case v.—*Polypus.*—This was a case of polypoid pedunculated growth. The uterus was dilated with a bougie, and afterwards with sponge tents. "The finger found a pedunculated growth as large as a hen's egg, but the tent had disintegrated it and it could be removed by the finger without instrumental aid.

Case vi.—*Dysmenorrhœa, Convulsions.*—This patient had suffered severe pain attended by convulsions at every menstrual period for several years. She had exhausted all the medicines intended for the relief of such cases without benefit. An examination showed that the os uteri formed a small circular opening, which would only admit a No. 5 catheter, and the same entered the cervical canal about one and a half inches. A small uterine probe passed with some difficulty and discovered a firm growth creaking under pressure, situated on anterior wall of cavity at the site of internal os. Just previous to a menstrual period a small sponge tent was introduced. The flow came on next day and passed through the tent without pain. On the the second day uterine contractions expelled the sponge, together with pieces of membrane resembling cartilage. Just before next period a Simpson's sound passed easily into the uterine cavity two and a quarter inches, and met with none of the dense tissue before referred to. The patient continued afterwards to menstruate without pain or convulsions.

Correspondence.

To the Editor of the Canada Lancet.

Sir,—I find in looking over the report of the meeting of the Ontario Medical Council, in the address of the retiring president, Dr. Bray, a very good suggestion, viz., "That the profession should agitate for a uniform bill for all the provinces, whereby the standard would be the same, so that a man having passed the Council of one province could register in another by paying merely the fee."

As the act reads, in British Columbia a graduate of the Ontario Medical Council would not be permitted to register in this province. He must be a graduate of a University in good standing; hence you see the injustice to those who only have passed the Council in Ontario, and are debarred from practising by the act. The provinces are in such alliance now that the laws of one should accord with the others. The inconvenience to graduates of the Council who may wish to go to the other provinces to practise is very great.

At next session of the local Parliament in this province, steps may be taken to obtain a new Medical Act, but if a Dominion Act is contemplated it would be useless to do so. I for one would like to see a uniform Medical Act for the Dominion; it would place the Medical profession on a better footing and keep the standard up in the younger provinces as well as in the older, and at the same time not interfere with the graduates of the provincial institutions. Hoping you will give this your consideration.

I remain, yours, etc.,

M. B.

Victoria, B. C., Aug. 6, '83.

Reports of Societies.

NEW BRUNSWICK MEDICAL SOCIETY.

The third annual meeting of the above named society was held in St. John, N. B., on the 17th of July, Dr. S. Z. Earle, president, in the chair; Dr. G. M. Duncan, secretary. There was a full attendance of members present.

After routine, Dr. Allison read the Report of the By-law Committee, which was adopted after certain amendments.

Dr. Inches, the treasurer, presented his report, which was adopted.

Dr. Coleman moved that the president appoint a committee to arrange a scale of fees for the N. B. Med. Soc'y. Drs. Coleman, Brown, Wilson, Jas. Christie, and Moore were appointed on the committee.

Dr. Coleman moved, seconded by Dr. Travers, that a committee be appointed to consider what means may be taken by the Society to assist the Council to induce physicians to register and to prevent unqualified persons from practising. Drs. Coleman, Allison, McFarlane, Duncan, D. E. Berryman, G. P. Caldwell, and Daniel were appointed that committee.

Dr. Patterson then read the report of the committee appointed to revise and amend the N. B. Med. Act, 1881. The report was, on motion of Dr. Inches, received and laid on the table.

The president, Dr. Earle, then delivered the annual address, taking for his subject "General Principles of Diet."

Election of officers was then proceeded with and the following members were elected:—Dr. Vail, president; Dr. Walker, 1st vice president; Dr. Patterson, 2nd vice-president; Dr. G. M. Duncan, general secretary; Dr. Coleman, corresponding secretary; Dr. Nevers, treasurer; Drs. Daniel, Allison and Berryman, trustees.

Dr. Bayard, president of the Council of Physicians and Surgeons of New Brunswick, then read a report which was, on motion of Dr. Daniel, seconded by Dr. Patterson, received and ordered to be entered on the minutes.

Dr. Currie then read a "Report of Cases in Practice": 1st. A case of Lupus Exedens of about nine years' standing, associated with Lupus Erythematodes; 2nd. Nævus of the Face treated by Electrolysis.

A conversazione was held in the evening. An excellent display of instruments was made by Drs. John and D. E. Berryman, Dr. Coleman, and others. Refreshments were served by a committee of St. John ladies and a pleasant time spent.

SECOND DAY.

The Association met at 9.30 a.m., Dr. Earle, president, in the chair.

Dr. J. G. Atkinson, Oakhill, read a paper on "Uterine Tents and their Uses," which is published in the present issue.

Dr. Patterson moved, seconded by Dr. Brown, that five minutes be allowed each member for discussion. Carried.

Dr. Musgrove highly appreciated Dr. Atkinson's paper.

Dr. Patterson said it was officiousness to use tents in many uterine diseases, *e.g.*, in sub-involution, potash salts with ergot were sufficient. It was highly objectionable to give a woman an idea she had uterine disease.

Dr. Brown related a case of "Fishbone in the Rectum." Twelve years before the patient had, while laughing, swallowed a mouthful of chowder without mastication. For a month there was pain in the stomach; removed then entirely after a glass of brandy; no further trouble till day of removal when there was the most excruciating pain calling for examination, which resulted in its discovery and removal.

Dr. Gaynor, Debec, read a paper on "Chloroform as an Anæsthetic—its Physiological Action and Therapeutic Value."

Dr. Coleman said that in his experience death came from the heart, and he failed to understand why it was recommended to study the breathing and pay no attention to the pulse. Ether is safer, because a cardiac stimulant.

Dr. Musgrove said in regard to stimulants administered before using chloroform, it added to the danger, and was now condemned.

Dr. Atherton said that as regards safety, *that* depended on purity. He believed death came from stoppage of respiration, which occurred before the pulse stopped. He recited a case of his own in which tracheotomy was performed and the patient's breathing was resumed. He deprecated the use of brandy before chloroform inhalation. In regard to food given before, better given three hours before than six.

Dr. McFarlane believed that the heart and lungs stopped simultaneously.

Dr. Inches pointed out that Dr. Atherton did not watch the pulse in the case related. He thought the pulse sounded the warning.

Dr. Gray said that in his experience the pulse slows first, and runs up when administration stopped. Careless administration had something to do with fatality.

Dr. Moore did not attend to either breathing or pulse particularly, but watched all the conditions and gave no undue importance to either. Extraction of teeth under either ether or chloroform is a reprehensible practice. He recited a case showing danger of food a short while before. Had assumed no food taken; vomiting ensued and danger of suffocation for some time.

Dr. Currie endorsed Dr. Moore's statements.

Dr. Brown had occasion to take chloroform many times, no difficulty till lately. Glass of brandy taken slowly overcame this. Stomach should be empty, or at least no food for five hours before.

Dr. Nevers had misgivings in regard to ether. At its first administration in Philadelphia death had occurred. Since then he had always given chloroform. Case given in which chloroform was used in extracting a tooth. Pulse was all right. Respiration stopped and there was considerable trouble to resuscitate.

Dr. Coulthard, in re heart v. pulse, said: In confinements there is little danger from chloroform. Why is this? Diaphragm is called into action to aid expulsive efforts of abdominal muscles, and respiration goes on regularly, and difficulty he therefore thought was from failure of respiration and not of heart.

Dr. Caldwell had experience as a dentist in giving both ether and chloroform, as well as gas. Preferred ether or chloroform when a large number of teeth had to be extracted. Effects more lasting than gas which was suited for short operations only. Does age influence? He thought chloroform less safe than ether in the aged, and vice versa.

Dr. Jonah related a case of Dr. Pancoast, of Philadelphia. Ether was being administered, those doing so were paying no attention to their duty. Dr. Pancoast noticed a cyanosed condition, sprang to his patient, and after much vigorous effort, danger was averted. May not death from chloroform in some instances be due to some idiosyncrasy? In some other cases drugs disagree, *e.g.*, tobacco. May not ether and chloroform disagree with particular patients, irrespective of purity or careful administration?

Dr. Walker spoke of death in the dentist's chair as due to the chair. Position should be horizontal. In regard to food before using anæsthetics, he related two cases of danger from suffocation. His practice was to operate early in the morning, before food could be taken.

In the afternoon session, Dr. Jonah read a paper on "Hydrocele," treated by carbolic acid injections. (See editorial note).

Dr. Allison moved "that the Council be requested to furnish each member of the society annually with a copy of the current Register, by such means as may be most convenient." Carried.

A motion was adopted, asking the president to name a committee of three, with permission to add to their number, to consider and report, at next annual meeting of the society, upon the advisability and practicability of establishing a quarterly medical journal. Drs. Steeves, Bayard and Atherton were appointed on the committee.

Dr. Currie, Registrar of the Council, said that the Council requested those who know of unregistered, or illegal practitioners, to report them to him, when action would be taken.

Dr. March then read a paper on "Plaster." Dr. Allison agreed with Dr. March, but thought that in some instances starch or dextrine suited better, *e.g.*, fracture of limbs, where its lightness was preferable. Dr. Hamilton said that felt was even better than either.

Dr. G. P. Caldwell read a paper on "Fracture of Jaw" with apparatus.

The following papers were then, for lack of time, read by title:—"Hip-joint Disease"—Dr. M. C. Atkinson, Bristol. "Cases of Puerperal Septicæmia"—Dr. J. S. Benson, Chatham. "Diphtheria"—Dr. E. Cameron, Grand Manan. "Excision of Tongue"—Dr. G. M. Duncan, Bathurst. "Cases"—Dr. John Brady, Barnesville. "Tracheotomy"—Dr. H. H. Hanson, Andover. "Puerperal Septicæmia"—Dr. D. R. Moore, Sackville. "Pneumonia"—Dr. J. N. Smith, Hampton. "Treatment of Post-partum Hæmorrhage"—Dr. G. A. Hetherington, St. John. "Conservative Surgery in Compound Fractures"—Dr. McFarlane, Fairville. "Meningitis"—Dr. T. Walker, St. John. "Surgical Cases"—Dr. Atherton, Fredericton. "Venesection"—Dr. T. W. Musgrove, Carleton.

Dr. Coleman then read the report from the Committee on the Tariff of Fees. The report was adopted, except fee for post-mortem, which was made $20. Copies were ordered to be printed and distributed to members.

The meeting then adjourned to meet in St. John, on the 3rd Tuesday in July, 1884.

ONTARIO BOARD OF HEALTH.

The Board met August 14th; members present, Drs. Oldright, Covernton, Cassidy, Rae, Yeomans, Bryce, and Prof. Galbraith.

After routine and the reading of communications, the Secretary read a report of the work during the past quarter, consisting of communications concerning the action of School Boards in cases of contagious diseases, as scarlatina in Perth school, diphtheria near Grimsby, diarrhœa in Cannington, etc.; also respecting epidemics, as small-pox near Claremont, diphtheria at Dickinson's Landing, typhoid at Niagara Falls;—nuisances, as a fat-rendering establishment at Doncaster and Richmond Hill; slaughter houses at Wales; liquid refuse from cheese factory at Easten's Corners; sawdust deposit at Parry Sound, etc.; excretal pollution of stream at Thorndale, etc.; jurisdiction and duties of local Boards of Health in Morrisburg, Markham, Parry Sound, Port Dalhousie, etc.

August 15th. The Board met at 10 a.m. Dr. Covernton read a report on the "Adulteration of Milk," which was adopted and ordered to be printed in the next Annual Report. He also read the translation of a paper read at the Geneva Congress in 1882.

Dr. Yeomans made a verbal Report of the Committee on "School Hygiene," and was requested to make a final report at next meeting of the Board, with a view to making certain recommendations to the Minister of Education, and that circulars be issued, asking for information from the various schools in the Province, for the use of the Committee in preparing the report.

The report of the Committee on Epidemics was read by Dr. Covernton, and adopted. The matter of publication of a pamphlet on Cholera was next considered in committee of the whole, and adopted.

The chairman then read a report concerning the steps which had been taken by the Committee of Markets and Health to improve the sanitary condition of Toronto, which was referred to the Committee on the disposal of sewage.

The following motion was also carried:—"The Board having learned that garbage—*i. e.*, street sweepings and other offensive materials—are being removed from the city to the Island opposite for the purpose of making soil, would earnestly recommend to the proper authorities that, previous to removal, these materials should be efficiently deodorized and disinfected."

On motion, the communication from Dr. McInnis, of Vittoria, was referred to the Committee on Accidents, and the Secretary was instructed to thank him for the interest manifested by him in the matter of preventing accidents from steam threshers.

On motion, the Board recommended to the Committee on Ventilation the consideration of some means by which the smoke nuisance at present complained of in Toronto may be removed or mitigated.

A communication was received from Dr. Essa Hunt, asking the chairman to attend officially the American Public Health Association at Detroit, on the 13th November. On motion, the Chairman aud Secretary were requested to attend.

A communication was also received from F. N. Boxer, Esq., regarding the proposed organization of the Canadian Sanitary Association. The Chairman and Dr. Yeomans were appointed to attend its first meeting, to be held at Kingston in September next.

It was then moved that the next Sanitary Association be held in London in November next, should the medical men and municipal authorities of that city deem it desirable.

On motion, it was also decided that a Sanitary Convention be held in Ottawa during the next session of the House.

Dr. Rae then presented a partial report of the Committee on Poisons, which was referred to the Committee on Publication. The report of the Finance Committee was adopted, as also that of the Special Committee appointed to visit London in connection with the recent floods. Certain insanitary conditions in Mount Forest, owing to defective drainage, were referred to the Committee on Sewage. The Secretary was requested to investigate the causes of the extensive prevalence of malaria in the district lying along the Grand River, and was authorized to employ such help as he may deem necessary.

A committee was appointed to have an isolation tent hospital constructed according to approved plans, to be exhibited at the Toronto Industrial and other exhibitions, and that sanitary apparatus be placed on exhibition therein.

Ten thousand copies of the next annual report were ordered to be printed for distribution, after which the Board adjourned.

MICHIGAN STATE BOARD OF HEALTH.

The regular quarterly meeting of the Michigan State Board of Health was held at Lansing on July 10th. The Secretary read his report of work during the last quarter, which shewed that a successful sanitary convention had been carried on at Reed City, and arrangements had been made for a convention at Muskegon, August 23rd and 24th; that considerable correspondence had been had concerning the examination of plans for proposed buildings at various State Institutions; that the report for 1882 had been distributed to various societies, libraries, etc.; that the weekly bulletin of health in Michigan had been regularly prepared and issued; that returns of the names and addresses of about 1,200 health officers had been received and filed; that a circular relative to the danger to be anticipated from small-pox, and one relative to the reporting of contagious diseases, with appropriate blanks, had been devised and distributed to all local boards of health; that the article entitled "Disease in Michigan, in 1882," had been compiled; that the accumulated letters of the office for the years 1873-71, had been arranged and bound; that the compilation of the articles on "Meteorology in Michigan in 1882," and on "Weekly Reports of Disease in 1882," was well in hand; that circular 55, relative to the work of health officers, had been revised to conform to the new legislation of 1883, and, if approved by the Board, was ready for publication.

The Secretary read a resumè of the recent work of other State Boards of Health.

The Board then proceeded to examine plans for the proposed public buildings, under the law which requires all plans for State buildings to be submitted to the State Board of Charities, and to the State Board of Health. Plans were examined in detail, as follows: For wings to the present School for the Blind, at Lansing; for a proposed hospital at the Michigan Asylum for the Insane, at Kalamazoo; for a cottage hospital for the State Public School at Coldwater; and for a main building for the State Industrial School for girls at Adrian. Record was made of propositions which were approved, and several recommendations.

Dr. Avery reported a visit to Fremont, Newaygo Co., to examine into a nuisance caused by an extensive tannery, where five hundred tons of hides are annually tanned. He had made recommendations which in his opinion would abate the nuisance, and it had been promised that his recommendations should be complied with.

On motion of Dr. Lyster, the State Board's Committe on Buildings, including ventilation, etc., was requested to prepare a report on the best plans and methods of construction of hospitals suitable for the various State Institutions.

HURON MEDICAL ASSOCIATION.

A meeting of the above Association was held in Clinton, July 3rd, Dr. Hurlburt the president in the chair.

Dr. Sloan, of Blyth, showed a case of gunshot wound, caused by a 32-calibre revolver conical ball, at a distance of eight feet. The ball entered half an inch below the ensiform cartilage. Recovery perfect. Treatment by complete rest in horizontal position, bowels confined by opium for several days, urine removed by catheter, very little liquid given at a time, antiseptic treatment locally. No discharge from wound, which healed on the 28th day. He also showed a case of tumor in the region of the liver. Aspiration was recommended by the members with a view to diagnosis.

Dr. Worthington, of Clinton, exhibited a case of Emphysema of the Lung, and read a report of a case of Exophthalmic Goître, accompanied by Polyuria also.

Dr. Hurlburt showed a case of Synovitis, with recovery. The patient had been kicked by a horse nearly a year ago. Severe synovitis followed, confining him to the house for months; can now walk with the aid of a stick or cane.

Selected Articles.

PULSATING TUMORS OF THE HAND.—ROBERTS.

Traumatic aneurism occurs after wounds of the arteries of the palm with comparative frequency; but such a pathological condition of the fingers is very unusual. Martin, however, records 17 cases of traumatic aneurism in 72 instances of wounds of the arteries of the palm. The only case of the kind connected with the fingers, of which I am cognizant, is that reported by Annandale. His patient had a small pulsating tumor, with a distinct thrill, on the ulnar side of the ring finger, following a punctured wound made with a sharp hook. The case passed from observation, uncured, after some weeks' treatment by pressure; whether the pressure was applied to the tumor or to the arteries of the wrist the author does not distinctly state. Spontaneous aneurism of the palmar or digital arteries is exceedingly rare, and pulsating tumors connected with these vessels are not common. It is on account of the infrequency of such conditions that I record the following cases:—

MULTIPLE ANEURISMS OF THE SECOND PALMAR INTEROSSEOUS ARTERY.

This case was reported and the specimen exhibited, at a meeting of the College of Physicians of Philadelphia, in May, 1882. I therefore epitomize the history. The boy, aged sixteen years, from his earliest childhood had had a small elongated tumor upon the *dorsal* surface of the first phalanx of the left ring-finger, while in the *palm*, at the junction of the bases of the middle and ring-fingers, was a larger swelling. These were considered masses of dilated veins, as they had a spongy feel, and at times showed a bluish color. There was no very definite connecting band of swelling between the dorsal and palmar enlargements. About two months or less before I saw him the growths seemed to enlarge, and became accompanied by considerable pain, so that Dr. C. H. Thomas advised the use of a compress in the palm and a bandage around the finger. This the boy wore at nights, and usually from Saturday to Monday morning, when he was not required to work. Recently there had been noticed pulsation in the palmar tumor, and a lobulated feel, and Dr. Thomas feared that an arterial aneurism existed. When I examined the boy I found on the back of the third finger a hard, fibrous-like tumor, as large as a watermelon-seed, with the long diameter corresponding to the length of the phalanx. In the palm was an illy-defined swelling, covered with skin thickened and stained by labor, very sensitive to pressure, and occupying about the area of a silver half-dollar. No swelling was evident connecting the two tumors. On the ulnar side of the palmar mass moderately distinct pulsation could be felt, which quickly stopped when the radial artery was compressed at the wrist, but merely decreased in force when the ulnar was pressed upon with the finger. No pulsation was felt in the dorsal tumor. The boy had severe pain even when no pressure was made upon the growth in the palm. I considered the growth an arterial angeioma connected with the second interosseous branch of the deep palmar arch; but determined to dissect it out, whether an angeioma or an aneurism. Hence, after applying the elastic bandage and tourniquet to the limb, I made an incision and excised the palmar tumor and the nodule on the back of the finger, which were apparently connected by some fibres or small vessels The tumor from the palm consisted of three lobules of rather unequal size, arranged somewhat as a trefoil. The largest one of them, when punctured, allowed the escape of soft clot. This sac was about one-half an inch in diameter. The three sacs seemed to be separate, because the head of a pin introduced into one did not pass into the others. The two smaller sacs or lobules were hard, as if the clot was old. One was laid open, and showed a white centre or nucleus, of cartilaginous consistence, surrounded by a layer of red clot. On the surface of this three-lobed tumor ran a nerve, which probably was the seat of pain from pressure, and parallel to it a small artery. The tumor from the back of the finger was hard, and on section showed an irregularly colored red surface. I believe the palmar tumors, therefore, to be small sacculated aneurisms evidently allied to the condition called cirsoid aneurism. The one on the back of the finger and the two smaller lobules in the palm were undergoing cure by coagulation, induced in the dorsal one, undoubtedly, by the pressure from the bandage used at intervals during six weeks or two months previous to the operation.* If the diagnosis had been more certain as to aneurism, digital compression of the adial and ulnar arteries, or the use of an Esmarch elastic bandage to the forearm, would have been proper treatment before excision was attempted; but it would, I believe, have been unsuccessful. The microscopic examination of the nodule from the dorsal surface of the finger was made by Dr. Frederick P. Henry, and is as follows:—The tumor is a cavernous angeioma, in which the vessels vary greatly in diameter. The smallest are no larger than an ordinary capillary, while the largest more than fill the entire field of a quarter-inch objective. Their walls are so thin that many of them might be mistaken for adipose tissue, were it not that they include blood cells. Considerable hæmatoidine, mostly in granular form, is seen in the intercellular connective tissue." I have just seen this patient, who now, a year after operation, presents a tough cicatrix in the palm, which very slightly restricts full extension of the first phalanx of the finger. The second case was treated by me a few weeks ago, before my clinical class at the Philadelphia Polyclinic and College for Graduates in Medicine. I believe the tumor to be a sacculated or cirsoid aneurism, similar to that just described, but found it, after excision, to be an arterial angeioma.

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*This paragraph was written before the microscopic examination was made.

ARTERIAL ANGEIOMA OF ONE OF THE DIGITAL ARTERIES.

The history, as taken from the notes of the College by my Registrar, Mr. Harry A. Stout, gives the following facts. The woman, aged 59 years, for ten years had had a small tumor, the size of a grain of canary seed, on the palmar and lateral aspect of the ulnar side of the right middle finger. It was the seat of no pain until a year or so ago; since that time occasional severe shooting pains, lasting from five to ten minutes, have been experienced, and have compelled her to cry out, from the intensity of the suffering. She asserts that the tumor varies in size, and that it causes less pain when large than when small. This is probably an erroneous observation. For ten days previous to her coming to my clinic no pain had existed. On examination I found an oval tumor with the long diameter corresponding with the axis of the finger, about the sixe of a large pea, located at the junction of the palmar and lateral surfaces of the finger, in the line of the digital artery of the ulnar surface. Pulsation synchronous with the ulnar artery was marked vertically and laterally, and ceased when the ulnar artery was compressed at the wrist. The artery was easily seen beating above the wrist, and evidently had an anomalous course over the deep fascia, instead of lying beneath it. It seemed to be nearer the long palmar tendon than usual. In the light of the previous case I advised excision, believing the growth to be either an arterial angeioma or an aneurism of the digital artery; probably the latter. As the patient objected to such a procedure, I attempted to secure obliteration by shutting off the blood supply. A pin was introduced through the tissues, close to the root of the finger, in such a way as to pass behind the artery going to the tumor. A tight ligature was then thrown around the ends of the pin. This greatly diminished the pulsation in the tumor, but gave much pain. The impossibility of avoiding compression of the corresponding digital nerve rendered me careful about making the ligature very tight or allowing it to remain when the patient was about to return to her home in the country. Pain became so severe that the pin was removed after the lapse of forty-five minutes. For five days subsequently I applied pressure to the ulnar artery, above the wrist joint, by means of a cork held in place with adhesive plaster. This was reinforced, during a considerable portion of the time, by digital pressure, exerted by the patient. It was thought that the tumor became softer and less pulsatile under this treatment. After some days it was discovered that pressure on the ulnar artery did not cause entire cessation of pulsatile movement, as it formerly had done; though this could be accomplished by moderate pressure on the radial in addition to the ulnar compression. I believed that increased radial anastomosis had been brought about by the continuous interference with the ulnar supply to the tumor, which I had effected by the pressure at the wrist. On the sixth day after applying pressure I and one of the pupil physicians dissected out the oval tumor, after having pushed aside the nerve which lay stretched over its surface. The wound was sutured, and afterwards healed slowly by second intention. The microscopic examination was made by Dr. Frederick P. Henry, and is given in his own words:—"The tumor is a simple angeioma, containing, in portions, a large amount of young connective tissue. Where the connective tissue is more fibrillar in character the vascular walls are well defined, with concentrically arranged fibres; whereas in many portions they are mere spaces between the young fibres; and where these are cut transversely, the resemblance to sarcomatous tissue is very great. The entire absence of blood cells from the vascular spaces is explained by the fact that the Esmarch bandage was applied before the operation." A somewhat similar case is recorded by James Wardrop as having occurred in the practice of Mr. Lawrence. A pulsating tumor occupied the ring finger of the right hand, causing a general fullness of the first phalanx, though the chief swelling was on the palmar and ulnar aspects of the finger. The circumference of the digit was increased by about one-third. Pain was present. From the full description, it is evident that this was a more diffused angeioma, or aneurism by anastomosis, than the pulsating tumor just described. Pressure on the main artery of the forearm was unavailing as a method of cure, and it, therefore, was followed by ligation of both vessels by Mr. Hodgson. This also was unsuccessful in effecting a cure. Finally Mr. Lawrence made a circular incision around the growth, through all the soft parts except the blood supply, and thus caused atrophy of the pulsating and painful tumor. Numerous ligatures were required to arrest the bleeding from the wound.

The treatment of pulsating tumors of the hand is important, because of the disability and pain induced by the presence of the mass, and the possibility of sudden and dangerous hemorrhage. When there is pretty good evidence of the tumor being a true aneurism, and it is so situated as to make it probable that one of the palmar arches is the seat of dilation, ligation of the radial and ulnar arteries above the wrist is the proper treatment. I should try compression of these vessels first, but would soon abandon this method if no favorable result followed promptly, because prolonged pressure gives opportunity for the carpal or the median branch of the anterior interosseous to become enlarged, and, by the establishment of collateral circulation, to supply the tumor with blood. This would probably make the ligations at the wrist unsuccessful, and necessitate a second operation, such as excision of the sac, or ligation of the brachial artery. I have seen in the dissecting room an anomalous median artery about as large as the radial. This, however, is not a common anomaly; but if present in such a case of aneurism would render compression or ligation of the radial and ulnar arteries of little service. In all other cases of pulsating tumors, whether true aneurism of the smaller vessels, cirsoid aneurism or pulsating angeioma, it is better, as a rule, in my opinion, to excise them and ligate the bleeding points with catgut. The ease with which the dissection can be carried on with the aid of the elastic bandage makes the operation very satisfactory; and it is, of necessity, a radical method of cure. Lidell, indeed favors direct operative treatment in all palmar aneurisms. He advises to lay them open, turn out the clots, and tie the vessel at both ends. In cirsoid arterial tumors in any position, Wyeth believes that no method of treatment is as safe and sure as direct local treatment, which may be by excision, subcutaneous ligation, galvano-puncture, and injection of perchloride of iron. In hard tumors of this kind, excision is probably the best. Spence reports a case of pulsatile tumor of the palm, injected with perchloride of iron, in which amputation was finally demanded. Keen records a similar instance, after the introduction of subsulphate of iron into the sac of a traumatic aneurism of the hand. Hence, I prefer excision, which is so free of liability to such a contingency. My rule, then, would be this: *In pulsating tumors of the hand and finger, excision is the preferable mode of treatment, unless the condition is a true aneurism of one of the palmar arches; then compression of the radial and ulnar arteries, at the wrist, and ligation of the same, may be attempted before resort to excision.* I advocate, in aneurism of the arches, ligation of the arteries at the wrist, rather than excision of the tumor; because union by second intention will be the rule after the dissection of excision, whereas the clean cut incisions for ligation will probably heal primarily. Hence, as the probability of ligation curing aneurism of the arches is great, and the two incisions are more quickly repaired than the one in the palm, the method by ligature is to be preferred. In other pulsating tumors excision is better.—*Polyclinic.*

IRON DYED SURGICAL SILK.

BY H. PANCOAST A.M., M.D., PHILADELPHIA.

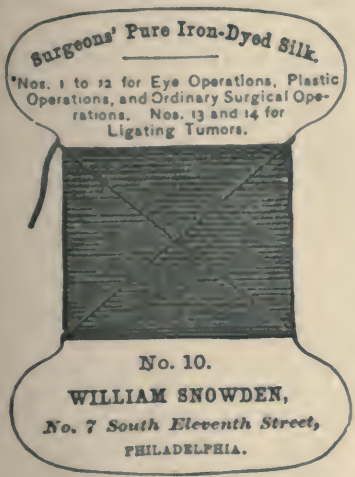
For several years past I have been in the habi of using black silk ligature, and for the past six years an iron dyed black silk. Its value I have demonstrated upon many occasions in my public clinics, and it has been reported upon in the medical journals, but I am earnestly requested to give a more detailed account of it. I was first led into its use by noticing in plastic surgery, and in operations upon the eyeball, that by employing the finest black silk from a lady's workbasket, the indications needed were best fulfilled. When flaps lie neatly and easily together, requiring simple, accurate juxtaposition, without any strain upon the suture, or where it was required to find the suture easily, a fine black silk ligature was strong enough for the purpose of support, and its color rendered it much more easily found, without the necessity of hunting beneath a scar or tearing flaps open. A pure black silk suture would cause very little irritation in its track, while a pure white silk of the same calibre would not only cause inflamation, but would become buried in the discharge and often hidden from view.

On enquiring among manufactures of silk, no pure white natural silk could be found. The natural hue varied from yellow to a dead white; the bright white color being produced by a lead dye. I believed that the lead was the cause of the irritation, and had some pure silk dyed with iron, which is fixed in the silk, and the silk finished with acetic acid. I also remembered that silk is an animal ligature, and that if properly prepared it might fulfil most of the animal ligature. With the assistance of Mr. Wm. Snowden, instrument maker, No. 7 South Eleventh street, various sizes of this iron dyed silk were made, as shown by the card from No. 1, the most delicate, to No. 14 the strongest.

This pure iron dyed silk of these various sizes I have now been using with great satisfaction in clinical and private operations for the past six years

The finest sizes are employed in plastic surgery and delicate operations, where great strength of the ligature is not needed; the medium sizes for ordinary operations, and the strongest when great strength is required. There is no stronger silk ligature than No. 14, and with it I have lifted heavy weights while testing its strength. Every surgeon appreciates the satisfaction of having a ligature upon the strength of which he can depend. The ligature silk is round, not plaited, strong, cheap, well finished, and durable.

In my operation for varicocele, which I have performed successfully at least three hundred times, I ligate the veins subcutaneously, tying the ligature No. 14 over a metal plate about the size of a silver dollar. I remove the plate as a rule in three days and withdraw the ligature. The shortness of time and success of the operation, I think, is greatly due to the strong ligature. I tie the veins as tightly as I can at the first operation, feeling confident that I may use all the force needed without fear of breaking the ligature. This first tie does the work. The soft veins are thoroughly crushed against the metallic plate, and the consequent inflammation soon causes the effusion of the necessary plasma to block up the veins; the presence of this lump of plasma being an evidence of the cure by the destruction of the veins. The loop of silk which comes away is always very small, and contains only a small shred of cellular tissue. This subcutaneous ligature, with the strong ligature, is a certain cure, and my patients prefer it to the amputation of and shortening of the scrotum with the accompanying dangers of inflammation. The shortened scrotum after all must stretch and is only a support to the veins like a bandage, without curing the disease, the enlarged veins. This large, strong ligature is good for tying hemorrhoids, if one prefers that form of operation. I use No. 14 for tying bleeding masses anywhere that I want strength. Some fifteen years ago I devised a bloodless way of dissecting out varicose and other tumors. I pass large, strong steel pins of the size of those with which ladies fasten on their bonnets, six to ten inches long, through the base of the tumor, and then encircling the tumor beneath the pins, strangulate it with this strong ligature. I can then easily dissect out the tumor without being annoyed with bleeding. I have cured completely many fistulas with this No. 14 silk, passing it through the fistula and out at the anus, and then tying as firmly as I wish. I let the patient walk about attending to his affairs. As the ligature by its weight and pressure slowly cuts its way out, the fistula heals up behind it. I am particular to give it plenty of time. In operations for strangulated inguinal and femoral hernia I have been in the habit, after returning the healthy bowel, of sewing up the deep facial margins of the ring with medium strong black silk sufficiently to prevent a protusion of the bowel, and then bringing together the overlaying soft parts, skin, and superficial fascia, with other interrupted sutures. The deep sutures I leave without any concern. Sometimes they become enlarged and sometimes they are discharged in the pus, after having remained long enough to help to close up the depth of the wound. In inguinal hernia in the male, on drawing the margins of the external abdominal ring together, I am always careful to leave room enough for the spermatic cord. I once performed this operation on a baby boy about a week old, born with double strangulated inguinal hernia. One hernia I reduced after a hot bath, the other I operated upon and sewed up the wound as stated. The operation was a success, and the patient is now a strong young man.


Surgeons' Pure Iron-Dyed Silk.

Nos. 1 to 12 for Eye Operations, Plastic Operations, and Ordinary Surgical Operations. Nos. 13 and 14 for Ligating Tumors.

No. 10.

WILLIAM SNOWDEN,

No. 7 South Eleventh Street,

PHILADELPHIA.

As silk is an animal ligature it never disturbs me if it does not come away, whether in a deep wound or the ligation of an artery. If it becomes encysted it will give no trouble; if any irritation arises it will be discharged in the pus. The finest ligature Nos. 1 and 2, I have frequently left in the face for weeks; on one occasion for six weeks as an experiment. While the pure white silk sutures sloughed out or had to be removed, the fine black ones remained without exciting inflammation. Even after the wound had completely healed, the little black suture could be seen and turned around in its bed without producing irritation. The black silk is used by me freely in all scalp wounds where formerly I always employed silver. Silver or iron sutures I only use when there is weight or strain, as in big heavy or tense flaps, then I prefer strong wire to make a ring on the same principle as a ring in a pig or bullock's nose.

In the operation for hare-lip I depend upon the black silk, and very little on pins of any form. If I use pins I generally take them out on the second day, or cut the ligature from around them. I am careful to make the lip tie easily by loosening the cheek flaps freely from the bones of the face. In making my incision through the edges of the gaping fissure of the hare-lip, I turn my knife delicately so as to make an apex of a small triangle on each side, and as I bring the knife down I save the flaps, made as Malgaigne suggested. The edges of the wound I then draw neatly together with the fine silk Nos. 2, 3, or 4, sewing together even the mucous membrane. In some cases this is all that is needed. In the severe forms of hare-lip, I strengthen the flaps with another stronger black suture outside of and to support the first, or use a toilet pin, or insect pin, wrapping Nos. 12, 12, or 14 around the pins ovally, not in a figure-of-eight form. This last I cut away on the second day generally to examine the lip and prevent excoriation by the pressure of the ligature soaked in the discharges. If needed, I apply a ligature in the same way for another twenty-four hours. I think my succes in this operation is greatly due to my being able to closely unite the edges of the incisions by this one and non-inflammatory silk.

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PEPTONIZED MILK IN ACUTE DYSPEPSIA.*

The following article by John W. Brannan, M.D., of Colorado Springs, appeared in the *Boston Med. and Surg. Jour.* for July 18th, 1883. Physicians are often baffled and discouraged in attempting to treat a stomach so disordered as to be absolutely intolerent of all food. The various drugs known as digestives are tried in turn, and the most easily assimilable food is given. Milk in small quantities, either alone or with the addition of lime water, is often well borne, and in such cases a favorable result is merely a question of time. But in other cases the stomach, incapable of performing its functions, demands not simply *digestible* food, but food already *digested.*

Physiology has taught us the nature and workings of the digestive ferments of the body, and physiological chemistry has given us the active principles of those ferments. In selecting a food for artificial digestion we may reasonably choose that one which is most easy of natural digestion—that is, milk. The albumen of meat and eggs can be digested artificially by a solution of pepsine and hydrochloric acid, but the process is of five to eight hours' duration, and the resulting product is far from tempting to a fastidious stomach. Milk however, by the process I am about to describe, can be digested sufficiently in one hour or even less to be readily taken up by the absorbent vessels of the body. Its taste, when thus prepared, is not at all disagreeable. Moreover, milk contains all the proximate principles necessary to the complete nutrition of the body. Of these principles the sugar, water and saline matters are already in a state fit for absorption. Milk sugar, though not absolutely identical with grape sugar, is closely allied to it, and, according to Pavy, behaves precisely like it in the alimentary canal. We have left then the casein and butter of milk, the former to be converted into albuminose or peptone, the latter to be emulsified. The pancreatic juice is the only ferment in the body which combines the properties of changing albuminoids into peptones, starch into sugar, and of emulsifying fats. The Extractum Pancreatis of FAIRCHILD BROTHERS & FOSTER, of New York, is the preparation I have employed in the following manner: Five grains of Extractum Pancreatis and twenty grains of bicarbonate of soda are dissolved in four ounces of tepid water. This is added to one pint of fresh milk, warmed to the temperature of the body, and the mixture is allowed to digest for about one hour at a temperature of 100° F. The milk, when ready, should have a slightly bitter taste, or rather after-taste. It is now raised to the boiling point, strained, and placed on ice, ready for use. In my experiments I found that the casein of the milk was not completely peptonized, nor the fat entirely emulsified, until the digestion had proceeded for two hours or more. But the milk becomes very bitter and disagreeable to the taste after such prolonged digestion, and in practice one hour's digestion seems to give the best results. As will be seen from the cases detailed below, this length of time suffices to render the milk easy of assimilation.

CASE I.—E. A., a child of nine years of age, is not yet very strong but has a fair digestion, as a rule, though with a tendency to constipation. In consequence of a succession of colds the child's strength became much reduced, and at the time of my first visit, subacute, passing into acute, dyspepsia had developed. The symptoms were nausea and vomiting, and epigastric pain on taking food. After trying a very simple diet and various digestives without good effect, peptonized milk was given as the sole food. All dyspeptic symptoms ceased at once, and after two days of this diet other articles of food were, one by one, permitted to be eaten, and were well borne. In five days from the beginning of the attack the child's digestion was apparently perfectly restored though she had not yet recovered her usual strength. There was marked constipation in this case, which was relieved by Seidlitz powders.

CASE II. is that of Miss B., a young woman of twenty-two, far advanced in consumption. Her digestion has always been rather weak. On the 10th of February, 1883, the patient complained of occasional nausea and vomiting, and also of a troublesome diarrhœa. The vomiting was checked for some time by milk and lime water, and the diarrhœa controlled by lead and opium. On Feb-ry 23d the vomiting grew much worse, pepsine, topeptine, ingluvin, etc., were all tried, but to no rpose. At the same time the diarrhœa became t uncontrollable, there being six or eight e dejections daily. The stomach rejected all od, even of the simplest nature. Peptonized ilk was now given, and was well borne by the mach for two days, though the taste of the milk s disagreeable to the patient. There was no arrhœa during these two days, although no tringent medicines were used. As the patient w began to have a strong repugnance to the ptonized milk it was discontinued, and a return o ordinary food was gradually made. During the onth following her digestion remained very good, d but little medicine was required for the bowels. n the 21st of March there was again a little miting, accompanied with quite severe diarrhœa. ptonized milk was at once ordered, but mutton nd chicken broths were also allowed. The diarœa was checked with chalk and laudanum. gain the stomach responded to the milk treatment, ough I had but little hope that it would. At the resent time the patient's digestion remains fairly ood. in spite of the steady advance of the disease n her lungs.

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* Read before the El Paso County Medical Society, April 9, 1883.

CASE III.—March 1, 1883, I was called to Mrs. C., a lady two months along in her second pregnancy. Her digestion had never been very strong. She was now suffering from almost constant nausea, which for a time was controlled by lactopeptine and ingluvin and a careful regulation of the diet. After a time these remedies failed of effect, and all kinds of food were vomited, though the patient maintained the recumbent position constantly. Previous to the advent of the nausea the patient had been taking six or seven glasses of ordinary milk daily, but now she could not bear even a very small quantity, having a great distaste to it. Peptonized milk was now given to the exclusion of all other forms of nourishment. The vomiting ceased almost immediately, and after a day or two there was no more nausea. Rest in bed was still maintained for three days; the patient was then able to get up and go about with no further dyspeptic symptoms. After five days of peptonized milk diet rare beefsteak was given once daily, and in a few days more the peptonized milk was given up entirely, the patient longing for plain milk and ordinary food. There has been no return of the dyspepsia, but the patient is, of course, very careful in her diet. She considers her digestion to be better now than it has been for years. In this case, as in the first, there was marked constipation. Pills of extract of nux vomica, hyoscyamus, and compound extract of colocynth were employed to combat it. As bearing upon the question of the rapidity of absorption of peptonized milk it may be well to note one incident in the history of this case. On the first day of the milk treatment the patient had left her bed for some reason twenty minutes after taking a full glass of the prepared milk. The movement was followed by the vomiting of about a tablespoonful of greenish fluid. There was not a trace in it of the milk so recently swallowed. According to the physiologists two hours is the time taken by ordinary milk in digestion.

There are a few points to which I shall refer briefly in closing.

First.—It is essential that the physician in charge, or at least some one more intelligent than the ordinary servant, should superintend the first preparation of the milk. In the second case given above the milk was made too bitter on the first day, hence the patient took a distaste to it which she could not afterwards overcome. In the course of the hour taken by its digestion the temperature of the milk may be allowed to rise as high as 105° F. or fall as low as 98° F., but only for a few minutes at a time- It is best to keep it as near to 100° F. as possible.

Second.—In the process I have described, the pancreatic extract is not the only factor in transforming the casein into albuminose. According to the experiments of T. Schmidt a solution of bicarbonate of soda added to cow,s milk diminishes the amount of casein and increases that of the hemi-albuminose. Again, the same observer proves that the process of boiling transforms a considerable amount of the casein into hemi-albuminose, and thus brings the composition of cow's milk nearer to that of woman's milk. We thus have three forces all tending to make the milk more assimilable for the stomach.

Third.—Though I have dwelt especially upon the utility of peptonized milk in acute dyspepsia, I am convinced that it would also be of service in many cases of chronic dyspepsia. The patient in Case III. had been a sufferer from greater or less dyspepsia for years. Less than one week of peptonized milk diet not only relieved all her acute symptoms, but also improved her digestion to such an extent that she can now eat and assimilate all kinds of food.

Fourth.—From its readiness of absorption peptonized milk ought to be well fitted for rectal injection. When used for this purpose its digestion might with advantage be carried much further than when prepared for the stomach.

Fifth.—The three cases I have reported are all in which I have had an opportunity to try peptonized milk as an easily assimilated food. Though few in number, the uniform success of the treatment has led me to publish them, with the hope that further trial by other observers may verify the results I obtained.

IN PHTHISIS AND BRONCHITIS, Renzi and Rimuno report good results from the inhalation by spray of iodoform dissolved in turpentine.

ACTIONS AND USES OF ATROPIA.

One of the physiological effects of atropia is diminution or arrest of various secretions. Thus dryness of the mucous membranes of the throat, mouth and nares has been noted after the ingestion of this drug. The secretory function of the skin is also suspended. Therapeutics has taken advantage of this moderating action on secretion. Thus, in the treatment of coryza, Dr. Gentilhomme, of Geneva, taking his departure from the fact that atropine diminishes the secretion, even causes dryness of the nasal mucous membrane, prescribes pills containing each one half milligramme of sulphate of atropine. At the onset of the coryza one pill is taken, and in an hour's time the sneezing will have ceased, the secretion will have disappeared, and the respiration become free. Sometimes a quarter of a milligramme($\frac{1}{240}$ grain) is sufficient to produce this result. In chronic bronchitis the same favorable result has been obtained. In profuse salivation, from mercury, pregnancy (réflex salivation), etc., Gabler has derived benefit from atropine, in minute doses ; he prescribes powders of atropine, containing each one-quarter of a milligram rubbed up with white sugar ; one powder may be taken every four hours till the physiological effects of the drug are experienced.

This same authority has prescribed atropine with success in cattarrhal diarrhœa, giving from one-fourth to one-half a milligram every five hours till toxic manifestations appeared. There is, perhaps, no better remedy with which to combat the profuse night-sweats of phthisis. As an anhydrotic it has a high place in the practice of physicians all over the world. Dr. J. Milner Fothergill recommends doses varying from the seventy-fifth to the fiftieth of a grain. Vulpain (" *Clinique Méd* " p. 338) advises pills of sulphate of atropine, each containing one-half milligramme. Of these, two pills, one hour apart, in the evening. If this is not sufficient, give another about the middle of the afternoon. It is rare, he says, that more than three pills a day are necessary.

Bartholow, who prefers atropine to any other remedy for night-sweats, is much in the habit of prescribing a pill of $\frac{1}{200}$ of a grain three times a day ; besides acting as an anhydrotic it facilitates respiration.

That well-known sedative action which atropine exercises on the peripheral terminations of nerves, and on the elements of the nerve-centres, may, irrespective of any supposed constrictive effect on the vaso-motors—which is an effect by no means constant—explain the use of this medicament in affections of the cerebro-spinal nervous system characterized by phenomena of excitation, such as pain, spasm, convulsions, epilepsy. By this sedative action Gabler (also Trousseau and Pidoux) account for the remedial efficacy (so often noted) of belladonna and its alkaloid in rheumatismal and oth inflammations of the spinal cord and its membrane Under the influence of this drug, the pain an numbness and contracture of the extremities ofte give way rapidly.

In nocturnal incontinence of urine, atropine, b allaying irritability of the muscular fibre of the bladder, or producing stupefaction of the mucous membrane of that viscus (eminent authorities, as Gable believe that both effects are brought about as the result of the physiological action of the drug) proves a invaluable remedy. Onegrain of sulphate of atropin may be rubbed up with one hundred grains of whit sugar and divided into a hundred powders. O these, one may be taken at bedtime by a chil twelve years old. Or one drop may be given a bedtime of the solution of sulphate of atropia o the British Ph., which consists of two grains sulphat of atropine to half a fluid ounce of distilled water If this should be inefficacious, the second nigh two drops of the solution may be administered which will, without doubt, give the physiologica effect of the medicament. The dose must gradually be increased according to the necessity of th case.

In pertussis, one of the best remedies is sulphat of atropia, and, given according to Bartholow's formula, it is sure to give relief in the spasmodic stage where there is profuse bronchial secretion One grain of sulphate of atropine is dissolved in an ounce of cherry-laurel water ; of this two drops may be given three or four times a day. We have used this remedy with advantage in whooping-cough in the form of spray ; the liquid in the atomizing cap of a spray-producer or steam atomizer being charged with five drops of Bartholow's solution. Atropia has a remarkable sedative or stupefying effect in irritable nerve-terminations when applied locally, and the quantities of the medicament that may be used with benefit are really infinitessimal. The above solution makes a good liniment in painful neuralgias, but must not be rubbed above the orbit for obvious reasons.—*N. Y. Med. Rec.*

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HYDROBROMIC ACID AS A SUBSTITUTE FOR THE BROMIDES.—Dr. Dana stated at the annual meeting of the American Neurological Association, that this acid had been used by the profession chiefly with quinine, under the belief that it prevents or lessens cinchonism. The only extended record of clinical observations regarding this acid that he had been able to find was one by Massini, published two years ago, who used it in thirty-one cases of various kinds without special benefit. Dr. Dana was led to experiment with the drug, with the hope that it would produce the beneficial effects of the alkaline bromides in epilepsy without causing depression and scurvy. He had now used hydrobromic acid in the treatment of various nervous ections for nearly two years at the Northeastern pensary, and he had the clinical notes of over cases of various kinds. The officinal dilute id is a ten per cent. solution, of which the dose uld be from one drachm to two drachms and a lf, well diluted. In *epilepsy* some patients re- ived marked benefit from the use of the acid in of four to five drachms a day. Dr. Dana lieved, however, that in epilepsy hydrobromic id could not be used as a substitute for the bro- ides, except in the non-controllable cases, and it undoubtedly has a controlling influence over e disease. In *chorea* he thought the acid could used advantageously as a medium for arsenic strychnine when it is desired to give a sedative. n *alcoholism* it failed in two cases, the patients eing on the verge of delirium, and the bromides ith chloral were subsequently given with relief. ydrobromic acid is a good solvent of quinine, ut it *does not prevent cinchonism*, as has been as- rted, certainly not in the small doses usually pre- ribed. In most cases of *insomnia* it also acts ell. He could say positively that he could give e acid with just as much confidence that it would roduce nervous sedation as when the alkaline romides are prescribed. He had never seen any n of bromism or any disagreeable constitutional fect other than some drowsiness. He believed hat the ordinary custom of prescribing from twenty inims to one drachm of the three per cent. solu- ion, the strength ordinarily employed, or of a ten er cent. solution, was generally much too small a quantity. Theoretically, in order to get the seda- ive action, from a drachm and a half to two drachms and a half of the ten per cent. solution ust be prescribed. Practically he had found that ery satisfactory sedative effects could be produced with drachm doses of the officinal dilute solution. In conclusion, the acid could be substituted for the bromides in all the milder affections for which the latter are used. It had appeared to him to be especially efficient in producing vascular and nerv- sedation in the post- and prehemiplegic con- ditions. Unless given in very large doses, it takes several days to get its best sedative effects. Dr. W. A. Hammond stated that he used hydrobromic cid for seven or eight years, and then abandoned t because he did not see that it did any good. He had found, however, that it does prevent the npleasant effects of sulphate of quinine; but in respect it is not so efficacious as a correspond- ng dose of the alkaline bromides. Dr. Ham- mond's experience concerning the power of this cid to prevent cinchonism was corroborated by Dr. Eskridge, of Philadelphia, who also spoke of e good effects of the drug in typhoid fever.

MORBID CHANGES OF THE THROAT, LARYNX, AND AIR-PASSAGES IN SOME ACUTE INFECTIOUS DISEASES.—Dr. E. Löri, of Buda-Pesth, gives the following as some of the changes which may be observed. In measles, twelve to thirty-six hours before the appearance of the skin rash, there is a diffuse or macular hyperæmia of the mucous membrane of the throat, larynx, air-passages, diffuse usually in the mouth, macular on the tonsils and back of the throat. Within twelve hours from the appearance of this hyperæmia there occur small papules, first on the palato-glossal folds. About the time that the skin eruption appears there is profuse catarrh of the pharynx, larynx, and trachea, with rapid shedding of the epithelium, and frequent formation of superficial erosions. In the trachea the swelling around these latter may give rise to stenosis. According to the writer, the appearance of such ulcers in the larynx augurs the occurrence of tuberculosis. In scarlatina, the throat is affected twelve to thirty-six hours before the outbreak of the eruption. The writer states that there is often a sudden disappearance of the affection of the mouth and pharynx coincident with the eruption on the skin coming out. Frequently the eruption in the mouth closely resembles that found with measles. In rubeola there is also hyperæmia, diffuse or spotted, of the larynx and trachea. In smallpox the mouth is affected at the same time as the skin. The pustules are small and imperfectly filled, dry up in two or three days, and in six days are only represented by red spots. Bleeding from them is very common. The writer recommends the use of ice poultices round the neck, ice internally, and such astringents as tannin applied after puncture of the pustules. In chickenpox there occurs either diffuse hyperæmia of the mucous membrane, or a few scattered pustules. In typhus and typhoid, acute catarrh of the pharynx, larynx, and trachea is of frequent occurrence, and often proceeds in the larynx to the formation of ulcers, which have little tendency to heal, and occasionally, about the sixth or eighth week of the disease, cause perichondritis. For this latter condition, "when diagnosed with certainty," the writer recommends tracheotomy as early as possible. In whooping-cough there is usually some catarrh of larynx and trachea, and bleeding from the mucous membrane is frequent. The appearance, during the course of whooping-cough, of ulcers in the larynx, the writer regards as very suspicious of the onset of phthisis.—*Edinburgh Med. Journal.*

ACTION OF DRUGS ON SECRETION OF MILK.—We are already acquainted with the fact that a certain number of medicines when ingested by the ordinary channel were, in part, eliminated by the secretion of milk, but we do not possess precise information concerning the influence of the medicaments on the quantity and quality of the secretion. Observations recently made by M. Strumpf on the milk of goats as well as on the secretion in the human female during lactation have in a measure supplied this want. Iodide of potassium was found to lead to a marked fall in the quantity of the fluid secreted, the proportion of proteid and saccharine principles were increased, whilst the proportion of fat was diminished. The quantity of iodide secreted was very small. so that the notion that iodide of potassium can be administered to children by way of their nurse is not sustained. Alcohol increased the richness of milk in fats, whilst the proportion of albuminoids and carbohydrates was not modified. Unaltered alcohol was not detected in the milk. Neither alcohol, morphia, nor the preparations of lead had any influence on the quantity of the secretion. Salicylic acid seemed to excite secretion a little; pilocarpine exercised no effect in this direction. The richness of the milk in sugar was increased by salicylic acid. which passes out of the milk secretion in greater quantities in the human female than in the herbivora. Traces of lead were also recognisable in the milk of those subjects who were ingesting the preparations of lead.—*Lancet.*

A METHOD OF RENDERING THE SKIN INSENSIBLE IN OPERATIONS.—The *Medical Press* gives the following, reported at the Academie des Sciences :—A lady, aged sixty years, had a scirrhous tumor in the right breast of eight years' standing. The general health was bad, bronchial and cardiac troubles were manifest, and the kidneys were not in a satisfactory condition. The operation was urgent. Chloroform having been considered dangerous, M. Guérin applied around the tumor a circular layer of Vienna paste, limited by a double band of diachylon. At the end of twenty minutes the caustic was removed, leaving in its trace a black ribbon-like line. The knife was then applied, and the tumor removed without the patient feeling the slightest pain, and who did not seem to be aware of the operation. The results were all that could be desired.

CURIOUS EFFECT OF A CATHARTIC PILL.—Professor, bowing courteously (to patient just arrived from the Old Country, and to whom he had ordered a c. c. pill the night before): "What sort of a passage did you have, madam?" "Beautiful, doctor; passed two schooners and a sloop."

THE Dayton, O., Board of Health discharged the Health Officer and appointed a vigorous Democrat in his place. The Dayton *Journal* adds that "it was the deliberate opinion of the Board that the sanitary condition of their party demanded a Democratic doctor."

SOMETHING WORTH HAVING. — "Dermatologists are well aware that soaps made from rancid fats or by careless methods act as irritants to the skin, and both set up and maintain diseased conditions of its surface. A pure soap, carefully made from vegetable oils, is something worth knowing and having. We can speak from personal experience that Packer's Tar Soap meets these requirements. It is exceedingly smooth and agreeable to the skin, and as it is combined with pine tar and glycerine, it is valuable as a remedy in skin diseases, as well as pleasant for toilet purposes. We commend it, without hesitation, as the most satisfactory soap, in both these respects, that we have ever used."—*Medical and Surgical Reporter, Phila.*

TREATMENT OF ECZEMA OF THE GENITALIA, PRURITUS AND LEUCORRHŒA.—In cases of eczema, in which glyceroles and unguents have failed, the following formula has been successful :

℞—Chlorate of potassium	30 grains.
Wine of opium	50 grains.
Pure water	1 quart.

Applied to the parts by linen compresses covered with oiled silk. If there is much inflammation, precede this with warm hip baths and cataplasms sprinkled with powdered carbonate of lime. In obstinate pruritus, associated with leucorrhœa, a tablespoonful of a mixture of equal parts of tincture of iodine and iodide of potassium, in a quart of warm tar water (tar water holding the iodine in solution) used daily, night and morning, removes the pruritus and ameliorates the leucorrhœa. In fetid leucorrhœa two or three tablespoonfuls (in a quart of warm water, morning and evening, as an injection) of the following formula will be found useful :

℞—Chlorate of potassium	13 grams.
Wine of opium	10 grams.
Tar water	300 grams.

Or,

℞—White vinegar (or wine)	300 grams.
Tinct. eucalyptus	45 grams.
Acid, salicylic	1 gram.
Salicylate of soda	20 grams.

One to five teaspoonfuls in a quart of warm water as an injection two or three times a day.—*Obstetric Gazette.*

THE TREATMENT OF POST-PARTUM HÆMORRHAGE.—This note of Dr. Barnes's (*Lancet*, Jan. 27, 1883) was suggested by a recent article by Mr. Coates on "Two Cases of intra-venous Injections of Fluids for Severe Hæmorrhage," in which it was shown that injections of simple water had no bad effect upon the blood globules, He approves of this method of treatment, but thinks that saline injections are better. It is especially necessary to have a good canula. As might be expected, he has something to say in regard to the use of iron solutions for the arrest of post-partum hæmorrhage. The principle which he insists upon is that, when the diastaltic function of the heart is suspended, "persistence in remedies which act through that function is useless, and may be injurious;" hence a local styptic action is desirable, and it is obtained from solutions of iron. He believes in strong persulphate, one to eight being the strength which he prefers. His concluding words are very valuable: "The first thing to do is to take care that the uterus is free from blood or clots. To insure this, a stream of hot water should be first sent through. This is a last appeal to the diastaltic force. If it check the hæmorrhage, the iron will not be used. But often it will fail; then the iron comes to the rescue as the last resource. About eight ounces should be injected slowly and gently. I have well weighed the advantages of swabbing, and prefer the method by injecting. With those who see no danger in hæmorrhage, or who argue that it can always be checked by 'ordinary means,' it is useless to reason. Nor can the dictum that the remedy is worse than the disease command respect. Hæmorrhage kills if not checked. It has often killed when the 'ordinary means' have failed."

CASCARA AS A LAXATIVE.—Dr. Carter of Liverpool, in an article on new therapeutic agents, writes to the following effect concerning cascara *(Rhamnus purshiana)*: The fluid extract prepared from the bark of this shrub, or small tree, is an excellent remedy in chronic constipation. I have used it now for two years, and have no doubt of its value. The fluid extract is reddish brown in color, and extremely bitter. A very good method of prescribing it is in a mixture, with twice its quantity of glycerine, or one of the flavored syrups. Of this a fluidrachm should be given three times a day, and the dose be diminished as soon as its aperient action is developed. It is what may be termed a tonic aperient, and seems to produce an effect somewhat like that caused by belladonna and nux vomica united with an ordinary aperient. It evacuates the whole canal. The motion is not watery, but usually semi-solid, truly feculent in character, and voided without difficulty, and so far from causing subsequent constipation, the bowels will often act regularly after its use has been entirely discontinued. I have used it so extensively, and the testimony to its value is so unmistakeable, that it would be difficult to select particular cases to prove this.—*Medical Record.*

NEW TEST FOR ALBUMEN IN URINE.—Arthur R. Haslam writes to the *Chemical News* as follows: While recently engaged in some experiments, I had occasion to add a solution of chloride of iron to a diluted solution of albumen into which, some time previously, a small quantity of chloride of sodium had been thrown. The result was the formation of a dense opaque white precipitate. This precipitate, when well washed and dried, still contained iron, from which circumstance I should suppose it to be a compound of albumen and iron. I have experimented on this reaction as a test for albumen, especially for that form which it assumes in urine, and it appears certain in its results, and has some advantages in its favor over the old nitric acid test, being much more delicate. After a series of experiments, I have adopted the following method of using the test: A portion of the urine supposed to contain albumen is poured into a test-tube, and a few drops of a solution of chloride of sodium added and well mixed; then a solution of chloride of iron is carefully poured down the tube, forming a layer. If the appearance of a whitish cone be noticed, albumen is present. If phosphates are present in the urine, care must be taken to add (before using the test) sufficient acetic acid to make the urine acid.

NOTE ON DISINFECTANTS.—In the *British Medical Journal* Dr. W. E. Buck writes: Most practitioners must have often realized the inefficiency of disinfectants in allaying the fœtor of cancerous ulcers, an annoyance which sometimes troubles patients even more than the pain, or the thought of death. I have used the whole round of disinfectants for cancerous ulcers, but all have failed in allaying the fœtor and keeping the ulcer clean. The disinfectants tried were carbolic acid, sanitas, terebene, resorcin, creasote, boroglyceride, chloride of zinc, charcoal, etc. After failure with these, I tried a saturated solution of hyposulphite of sodium added to an equal quantity of water, and found it exceedingly efficacious. The ulcerating surface was well syringed and washed with the solution, and was then covered with rags steeped in it. The granulations were kept clean, and the fœtor was well kept under. Most disinfectants seem to lose their virtue after a few days application, but I have used this one for months in the same patient with continuous good effects. It is cleanly, has no smell, does not stain, and is very cheap

TREATMENT OF PUERPERAL CONVULSIONS BY HOT BATHS.—In a paper by Dr. Carl Breus, in the *Archiv für Gynækologie*, is given an account of eleven cases of puerperal convulsions treated by diaphoresis produced by means of hot baths. Other means, as the inhalation of chloroform, and the administration of chloral hydrate, were also employed. The convulsions set in at different periods during labour, and in the course of the first day after delivery. In four cases they came on at the beginning of labour, in two after the first stage had lasted some time, in one during the second stage, and in four a few hours after delivery. One only of the eleven cases died. There was present in all the cases albuminuria, together with more or less œdema. The baths were employed after the convulsions set in, during and after labour. A case is also mentioned in which forty-five hot baths were given during pregnancy. The author believes that the immediate danger of life in these cases is due to the diseased state of the blood—hydræmia—shown by the albumen and anasarca; and that the rational treatment of this condition consists in the production of a rapid change in the blood-state. This he believes is brought about by profuse sweating, which, he states, diminishes the quantity of albumen in the urine, and the œdema. The hot baths have occasioned no bad symptom in the author's practice; they have not brought on premature labour when used during pregnancy, nor have they occasioned hæmorrhage when employed soon after labour.—*Lancet.*

DIPHTHERIA AND CROUP.—Dr. R. Wood, in *Midland Medical Miscellany*, translates the following from *Centrallblatt fur Med. Wissenschaften*, March 24th: "Dr. Kenock draws a strongly marked distinction between Diphtheria and Croup. He says (a) In diphtheria there is very little fever, whilst in croup the fever runs high. (b) In diphtheria both sides of the throat and posterior wall of the pharynx are affected, and even the uvula becomes covered with membranes sometimes; whilst in croup only one side is affected at first, and the uvula is comparatively free. (c) In diphtheria the mucous membrane of the nose seldom escapes, whilst in croup it always does.

ECZEMA.—Dr. Simon, in *Birmingham Medical Journal*, thus sums up a paper on Eczema:

1. Catarrh of the skin.
2. Its local manifestation may be Erythema, Papule, Pustule, or a Vesicle.
3. It may commence acutely and tend to spontaneous recovery, or to chronicity.
4. In chronic, not only are vesicles formed, but exudation takes place into true skin.
5. Such exudation must be removed, which must be by absorption of the medicine by the blood vessels.
6. Hard water must be always avoided.
7. Lotions do good, ointments do harm.
8. Air should be excluded.
9. Water should be used but little.
10. Crusts must be removed.

NASAL CATARRH.—Cubeb is the remedy most relied on in the Throat room, for constitutional impression in the ordinary form of the complaint. Fifteen or more drops of the oleo resin, on sugar, after meals; or a few grains of the recently prepared powder, with two or three grains of salicylate of cinchonidia, in pill or capsule, are the forms in which it is usually prescribed. Cleanliness, by douche or spray, is essential in giving the parts a chance to get well, which they often will do by cleanliness alone, without any topical medication. —*Polyclinic.*

LACTOPEPTINE in Gastric Disorders of Children. —By Aubrey Husband, M.B., F.R.C.S., Medical officer to Royal Dispensary, Edinburgh. "Of all the disorders to which young children are liable, those affecting the digestive organs are at once the most common and the most fatal. It has been calculated, from the Registrar-General's report, that one-quarter of the deaths among children under five years is due to diseases of the digestive organs, and this fatality is considerably greater under one year. Passing from these general considerations I would specialize one or two diseases which, from their constant recurrence, cannot fail to attract attention, and in which I was enabled to watch the effect of Lactopeptine.

"The cases are those of rickets, and of so-called atrophy with dyspepsia and diarrhœa. The following cases are of this type.

"1. C. D., æt. 3. The little patient had all the symptoms of rickets. She had a heavy, stupid look, the chest much contracted laterally, and the bones of both legs and arms much affected. She was ordered 5 grs. lactopeptine after each meal, and under this treatment the child gradually, and then rapidly, improved.

"2. M. W., æt. 2. This child was found suffering with symptoms of gastric derangement, colic, vomiting, and loss of flesh. As the diet had always consisted of anything that could be obtained, from dried cod and cheese, and as there was no chance of providing more suitable food for the child, it was hoped that by the aid of lactopeptine the diet might be made more digestible and nourishing. Accordingly 5 grs. lactopeptine was given daily after food, and the result was more favorable than was expected—the little patient after a short period becoming quite well.

"3. J. M., æt. 7½ years, was evidently of strumous habit, losing flesh rapidly, felt pain after taking meals. He could not take cod-liver oil. There were no chest symptoms. He was ordered 5 grs. lactopeptine three times daily, which was continued for a month, when he was able to take the oil and speedily recovered.

"The above cases serve to demonstrate the value of lactopeptine in the treatment of gastric disorders of young children. In two cases of children of a mother in the last stages of phthisis, the lives of the babes were saved by its use."—*The Medical Press and Circular, Lond.*

IODIA.—Dr. Carl Seiler, late Director of the Microscopical and Biological Section of the Academy of Natural Sciences of Phila.—Lecturer on Diseases of the Throat, University of Pennsylvania, Philadelphia, Pa., says: "I have used the preparation called Iodia, as manufactured by Battle & Co., of St. Louis, both internally and locally by means of a spray in cases of throat affections, and found it admirably suited to certain cases."

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CHOLERA INFANTUM.

The king of terrors has but few allies more powerful than cholera infantum. In all quarters of the globe it counts its innocent victims by thousands. It has cast its dark shadow on most households, and notwithstanding the boasted advance of medical science, it is the terror of the fond mother and the dread of the family physician. It is not on account of anything new or important we have to say that we take up this subject, but because it is proper that a disease so wide-spread and fatal should receive at least a passing notice at the season of its greatest prevalence.

Dentition and heat, especially the latter, being the leading factors in the production of cholera infantum, medicinal agents proper are comparatively powerless. No medicine can stop the teething process, nor moderate the heat of summer. We may lull to sleep dental irritation, and we may reduce the bodily heat, but we never can wholly remove the causes. Both the prevalence and fatality of this disease vary greatly from season to season Dry, and long-continued hot weather is most favorable to its development. This summer being moist and cool, the disease should not prevail to the same extent as in ordinary seasons. Should it do so in any particular locality, it must be owing to bad sanitary conditions. If medical science were a failure in all other respects, one great and grand thing it has done, it has taught man how, in a large measure to protect himself against the ravages of disease. If medicine furnishes no certain cure, it is a satisfaction to know that the disease may be in a large measure prevented. Due regard to diet, clothing, cleanliness and purity of air is a pretty effective safeguard. Over-feeding should be avoided, even in the case of infants at the breast. Nurses should regulate their own diet so as to avoid all articles of food known to have a disturbing tendency on digestion. During the heated term children fed on cow's milk should have their allowance mixed with barley-water, oatmeal-water, or a small quantity of lime-water. The reprehensible practice of giving infants "a little of whatever is going," cannot be too strongly condemned, at any time, but more especially during the hot weather. Next in importance to dieting is pure air. If, in addition to the depressing influence of heat, the child is made to breathe the atmosphere of a close room, occupied, perhaps, by one or more other persons, cholera is almost inevitable. A free interchange of air has a wonderful power in preventing diseases in general, but diseases of the digestive organs in particular. As another means of prevention, the child should be allowed to drink a moderate amount of cold water. Even infants of a few weeks old are greatly refreshed and benefited on a hot day by a little cold water. Bathing is another hygienic measure of great value, and should never be overlooked in health or disease.

It is much more difficult to be dogmatic in the matter of treatment. This naturally resolves itself into two parts, the hygienic and medicinal, the former being by far the most important. Much of what has been said in reference to prevention is applicable to treatment. The patient should be at once placed under sanitary conditions as favorable as possible. If the case is at all severe at the outset all food had better be withheld for a time, even breast-milk. It is not digested, and only increases irritation. The child craves for cold water, but experience teaches us that gastric and intestinal irritation of whatever kind, is not relieved, but rather increased, by draughts of cold water. But when the temperature is high, and thirst great, a teaspoonful of iced water repeated at short intervals will at least prove grateful. In this disease the drain on the circulating fluids is great. To compensate for this, it is necessary to give a good deal of liquid in some form. Sometimes the disease is ushered in with such suddenness and severity as to cause death in a few hours. In such cases the vomiting and purging are excessive, the skin is cold and the distress is extreme. When death does not soon take place, reaction sets in, and instead of coldness there will be heat of body. These different conditions, of course, require different management. In the former we must endeavor to supply heat, by the hot bath, persistent friction, mustard sinapisms, tincture of capsicum rubbed along the spine and on the extremities, and warm drinks, with stimulants. These measures must not be carried to excess, and must be discontinued as soon as reaction is observable. It however, more frequently happens that the onset is more gradual. Instead of diminished, there is increased temperature calling for measures directly the opposite.

The judicious management of the child's food and drink is, without doubt, by far the most important part of the treatment. Medicine can do no good as long as materials are poured into the stomach which it is unable to appropriate. It is worse than useless to allow an infant to nurse simply that it may vomit immediately after. It surely cannot be right to administer milk or other food which we know will be rejected. The child, so far from being benefited, is made worse, and the symptoms which we are endeavouring to relieve are aggravated ten-fold. No food at all is to be preferred by far, to food which is taken only to be rejected by an exhausted stomach. Great irritability of the stomach may be regarded as proof positive of its inability to digest milk. In such cases we must rely mainly, for a time at least, on barley-water, which has been made somewhat as follows: To a pint of cold water add one or two teaspoonfuls (according to the age of the child) of barley which has been freshly ground or broken up in a coffee mill, or in some other way; let this be boiled down to one-half and strained while hot. This, like all else, should be given warm—simply warm. Salt should always be added. After the stomach has become more quiescent, and it is thought some degree of digestion can be performed, milk in varying proportions may be cautiously added to the barley-water, or milk and lime-water may be given. Barley-water and lime-water have the quality of preventing the solid curding of the milk, which usually takes place in these cases. We can also recommend with confidence the following: Beat up the white of two eggs in a goblet; fill the goblet two-thirds full of cold water and beat again. A few grains of sugar may be added, a little salt, together with a little orange or peppermint water to flavor. This may be given frequently in tablespoonful doses, throughout all stages of the disease. It is nutritious and palatable, and often retained when all else is rejected. It is very important to impress upon nurses that under no consideration are large draughts of any kind admissible, not even breast milk, when that is allowed. Small quantities frequently repeated is the true method of feeding in all severe cases.

The strictly medicinal part of the treatment has been considerably narrowed down of late years. Every practitioner of experience has been disappointed and humiliated by the inefficiency of his drugs. Astringents are constantly prescribed, but every one knows that they exercise no influence for good in the more severe cases. Pepsin, malto-pepsin, lactopeptine and bismuth constitute the main remedies of the hour, and there can be no reasonable doubt of their value. Other remedies are added according to the fancy of the prescriber or as the symptoms seem to indicate. For nervous excitement and great restlessness, nothing is equal to chloral hydrate, given in one or two grain doses, according to age, and repeated as often as necessary. Given in this way, no evil will ensue. Children are very tolerant of this drug. In some quarters it is much vaunted as a remedy in Asiatic cholera. We can testify to its beneficial effects in some cases of cholera infantum.

BRITISH MEDICAL ASSOCIATION.

The fifty-first annual meeting of the British Medical Association was held in Liverpool, July 31st and three following days, under the presidency of Dr. Waters, and was a largely attended and most successful meeting. The subject of the president's address was the "Present condition and future prospects of the profession." Last year the Association celebrated its jubilee, and much retrospective oratory was indulged in; this year it seemed fitting to consider the present condition and future outlook of the profession, and this subject was handled with much ability by the learned gentleman. He alluded to the endeavor now being made to render our knowledge more defi-

and exact by the introduction of instruments recision, as, the stethoscope, the thermometer, roscope, sphygmograph, and laryngoscope, and lt especially on the use of the stethoscope, mometer, laryngoscope, and sphygmograph. next referred to the improvements in therapeu- , ever bearing in mind that medicine must be ged by the therapeutic results which it achieves. llustrating this point he alluded to the practice apping the chest in pleuritic effusion, the treat- nt of continued fevers, etc., but while we look with sfaction upon our successes, we must deplore imperfect knowledge of both the pathology l therapeutics of some diseases, as diabetes, umatism, etc. He alluded hopefully to the pre- it and prospective labors of the "Collective vestigation Committee" of the Association as able of accomplishing most valuable work in s direction. One line of enquiry he trusted uld receive special attention at their hands, viz., points of difference between functional dis- bance and the early symptoms of organic affec- ns, for, said he, "how difficult it is sometimes say, when some slight symptom presents itself d when no objective signs of organic disease can discovered, whether that symptom indicates ipient structural change or mere functional de- ngement." He then referred to the all-absorbing estion of the dependence of certain diseases on icro-organisms, and classed these as the most riking discoveries of the present day, and fraught ith bearings of a practical kind in the prevention d treatment of disease, in which he alluded es- cially to the *Bacillus tuberculosis*. He next ferred to the introduction of substances by the emist of the highest value to the physician in e treatment of disease, such as the bromine mpounds, chloral, croton-chloral, pepsine, and e various forms of pancreatine, salts of salicylic id, etc. In conclusion he ventured to think that mongst the many changes which revolving years ould bring, and the higher status as a science hich medicine would attain, and the higher esti- ation in which the profession would be held, ere would come a fuller recognition of the claims f its members to some of the higher honors of the tate; and perhaps the president of that occasion, r some who may listen to his words, may belong o that upper branch of our Legislature to which therto no practitioner of our art has reached.

The address on surgery was delivered by Reginald Harrison, F.R.C.S., who took for his subject "Some recent advances in the surgery of the urinary organs." He referred to such subjects as nephrectomy, Bigelow's method of lithotrity, cystotomy in vesical troubles, urethrotomy, etc. The address which is of a practical and interesting nature, was well received and his views in the main concurred in.

Dr. Creighton delivered the address on pathology, taking for his subject the "Autonomous life of the specific infections." In the course of his remarks he said that the central principle in the doctrine of disease is that diseased states are but modifications of healthy conditions, deviations from the physiological standard. Thus, he says, even in so formidable a malady as diabetes, we are still within sight of the line of health; there may be a physiological glycosuria, and that fact, says Dr. Bence Jones, proves that the disease is only a little way distant from health. There is no definite limit, where health ends and disease begins. In dealing with the subject of his address proper, he dwelt at length upon the autonomous life of cancer, bovine tubercle, and smallpox, the last of which he claimed possessed it in a high degree, inasmuch as it has preserved its unity and individuality in all races of men, in all ages, and all parts of the world. He next referred to the exogenous infections, as cholera, yellow fever, etc., and alluded to their capability of subsistence for long periods outside of the human body, but which require certain conditions to render them potent. The arguments in favor of his theory, though far from convincing, were fairly well sustained.

The Sections were largely attended, except those on Physiology and Pathology, in which the attendance was less numerous than it should have been. The entertainments were of the most hospitable and brilliant character. A soiree was given by the president and local committee, a reception by the mayor, and excursions were made to various points of interest in the vicinity, the affair being brought to a close by a grand banquet on the 3rd of August. Dr. Cuming, of Belfast, was elected president, and Belfast selected as the next place of meeting.

Dr. John Marshall has been elected President of the Royal College of Surgeons, England.

THE CHOLERA.

At a meeting convened by the National Health Society of London in reference to the probable outbreak of cholera, Dr. Ernest Hart, editor of the *Brit. Med. Journal*, made some very excellent and appropriate remarks. He was introduced to the meeting by Sir Richard Fayrer who presided. In introducing the lecturer he said it was an undoubted fact that cholera was prevailing in the Delta of the Nile and it therefore behooved the English people to be prepared for a possible extension of the disease to this country.

Dr. Ernest Hart said that materials for such a lecture abounded in every direction. With an increased knowledge of the laws of disease, we had been enabled to make each successive epidemic less severe. Cholera first invaded Europe after the introduction of steamboats, and in 1831-2 there was a very widespread epidemic which reached this country. In India our experience of it dated from 1808. The epidemic of 1831-2 first appeared in Russia, and despite quarantines and cordons, it gradually assailed every country in Europe. In 1848 there was a second great epidemic, and for the first time we rationally investigated—according to modern methods of investigation—the nature and causation of cholera. We then saw the clear connection between cholera and unhealthy conditions of life. It raged in different parts in proportion to the impurity of the water supply. The connection of water supply with cholera, Dr. Hart dealt with at considerable length. Pure water, he said, was a condition of primary importance in the prevention of an epidemic, and we had a right to expect thoroughly pure water from the monopolist companies. It was an anomaly that there were no penalties which could be enforced for the distribution of impure water. Others were not allowed to disseminate unhealthy things. A very small pollution of a vast body of water was capable of conveying to the whole of that body qualities which would produce an epidemic of cholera. To prevent the spread of the disease neither quarantines nor cordons were to be relied upon. Both had been proved by the experience of the whole of Europe in its calmer moments, and by the unanimous expressions of opinion of our Indian officers, to be cruel, selfish, morally wicked, and medically useless. Quarantine was an ancient and barbaro expedient which had been condemned by eve authority which had examined into it. Commo sense and cleanliness, were two far better things fight cholera with than quarantines and cordon At the Vienna Conference quarantine had be pronounced to be "impracticable and useless while a system of medical inspection was recor mended to be adopted. Still more useless tha quarantine was a system of cordons. There we four great things to be looked to—the air, tl water, the soil, and personal precautions. As r garded infected air, it was known that chole spread in precisely the same way as typhoid ar enteric fever and diphtheria. Care must be take after the ordinary means of ventilation, that hous were perfectly and properly drained, and that r sewer-gas could enter. Cholera was not a myste ious disease, passing from hand to hand, fro individual to individual, and from distance to d tance, by any unexplained means. English ar European experience went to show that if pure a and pure water were obtained, and the pollution the soil was prevented, cholera would be entire escaped. Dust-bins, dirty linen, unhealthy foo and personal uncleanliness would all encourag and in fact lead to cholera. It was of vital impo tance to know that cholera was not a disease infe tive from person to person in a direct sense, small-pox and some other diseases were, and th knowledge made the disease lose many of i terrors. The prevention of the cholera depende upon the public authorities acting with spirit ar incurring the necessary expenditure upon makin and keeping clear our soil and our water suppl and upon individuals exercising proper supervisio over the households they could control, and th poor whom they could help. These things woul rob cholera of all its terrors. It was no rash thin to say that if cholera did reach the metropolis any town in this country, the authorities, the med cal men, and the people generally were armed wit so much knowledge, and had made such progre in the methods of defending themselves again it, that no such epidemic of cholera in the futu as there had been in the past need be feared.

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CANADA MEDICAL ASSOCIATION.—The sixteent annual meeting of the Canada Medical Associatio be held in Queen's College, Kingston, com- cing on Wednesday, the 5th of September, er the presidency of Dr. Mullin, of Hamilton. committee of arrangements has made every ision for the comfort and convenience of bers who will honor the "Limestone city" their presence. A large meeting is confidently cipated, and we trust our confrères in the west- part of the Province, and from the entire ntry, will turn out in large numbers, Western bers will reach most comfortably by taking boat from Toronto on Tuesday, at 2 p.m. rn tickets will be issued by all railways at 1⅓ and by the Intercolonial R. R. and Richelieu Ontario Navigation Co. at one fare. Hotel ac- modation in Kingston, from $1.50 to $2 per . We give herewith a list of the papers to be d at the coming meeting, received up to the ult. The secretary, Dr. Osler, Montreal, will pleased to receive notice of papers to be read, to the 4th inst.

ase of Chronic Suppuration, Dr. J. E Graham, ronto. Diet as a Therapeutic agent, Dr. Play- Toronto. Fractures of the Forearm, Dr. Mc- ughton, Erin, Ont. Digitalis, Squill and Strych- Combinations in Diseases of the Mucous mbranes, Dr. Kerr, Galt. Reminiscences of Visitation to Canada of Asiatic Cholera, Dr. orkman, Toronto. Experiments in Resection of Bowel, Dr. James Bell, Montreal. Retrover- n and Retroflexion of the Uterus, Dr. Worthing- , Clinton, Ont. Anomalous case of Femoral rnia, Dr. Campbell, Seaforth, Ont. Paracentesis ricardii, Dr. McDonald, Londonderry, N. S. ecimen of Gangrenous Intestine, Dr. Sheard, ronto. Dropsy of the Amnion, Dr. Dorland, lwaukee. Chronic Bright's Disease, Dr. Osler, ontreal. Papers have also been promised by s. Brouse, Gardner, Hingston and others.

ONTARIO MEDICAL ASSOCIATION.—The follow- are the names of the gentlemen forming the nporary committees nominated by the President, . D. Clark :

MEDICINE.—*Chairman*, Dr. Harvey, Watford ; Hunt, Clarksburg ; Gillies, Teeswater ; Caw, rkhill ; Beaton. Orillia ; Battersby, Port Dover ; e, Oshawa ; Nation, Uxbridge ; McTaggart, don ; Orr, Hastings ; Macdonald, Hamilton ; d Barrett, Geikie, Davidson, W. H. Aikins, Car- n, McFarlane, Playter, O'Reilly, and Sheard, of oronto.

SURGERY.—*Chairman*, Dr. Burt, Paris ; Drs. Campbell, Seaforth ; Street, London ; Christoe, Flesherton ; Digby, Brantford ; Yeomans, Mount Forest ; McNaughton, Erin ; Hurlburt, Brucefield ; Dupuis, Kingston ; Bascom, Uxbridge ; Burrows, Lindsay ; McLean, Goderich ; and Drs. Fulton, Oldright, Aikins, Zimmerman, A. H. Wright, Thorburn, Wagner, and Burritt, of Toronto.

OBSTETRICS.—*Chairman*, D . J. Ross, Toronto ; Drs. Ghent, Priceville ; Bogart, Campbellford ; Groves, Fergus ; Hillary, Aurora ; Smith, Sparta ; Turver, Parkdale ; Sinclair, Paris ; Rosebrugh and Malloch, Hamilton ; Lovett, Ayr ; O'Gorman, Hastings ; McCrimmon, Lucknow ; Gould, King ; Freeman, Milton ; Baird, Packenham ; Bray, Enfield ; Kitchen, St. George ; and Drs. Workman, H. H. Wright, Burns, Strange, Macdonald, and King, of Toronto.

OPHTHALMOLOGY AND OTOLOGY—*Chairman*, Dr. Palmer, Toronto ; Drs. Freel, Stouffville ; Henderson, Kingston ; Hamilton, Port Hope ; O'Reilly, Fergus ; Powell, Edgar ; Stalker, Ripley ; McKechnie, Thorndale ; Mitchell, Enniskillen ; and Drs. Ryerson, Reeve, Rosebrugh, McPhedran, and Holmes, of Toronto.

NECROLOGY.—*Chairman*, Dr. Bryce, Toronto ; Drs. Lepper, Meaford ; Patterson, Markham ; Smith, Pyne, and Martin, Toronto ; Dickson, Day, Harrowsmith ; Webster, Norval ; Radford, Galt.

AUDIT.—*Chairman*, Dr. Elliott, Lindsay ; Drs. Armstrong, Markdale ; Irving, Kirkton ; Miller, Woodhill ; Robinson, Markham ; Stutt, W. Flamboro' ; Ward, Napanee ; Wilson, Richmond Hill ; and George Wright, Duncan, Sweetnam, Sinclair, Hunter, and Wallace, of Toronto.

PAPERS AND BUSINESS.—*Chairman*, Dr. Nevitt, Toronto ; Drs. McLean, London ; Hunter, Ballantrae ; Fairchild, Brantford ; Todd, Georgetown ; Wood, Delhi ; Thom, Streetsville ; Duncan, Thamesville ; Fraser, —— ; and Drs. Canniff, Buchan, Riddel, Stark, and Ferguson, of Toronto.

ARRANGEMENTS.—*Chairman*, Dr. Mullin, Hamilton ; Drs. Case, Leslie, Philp, and Woolverton, of Hamilton : Inksetter, Dundas ; and Vanderburgh, Merriton.

PERSONAL.—Dr. G. H. Burnham, who has been resident surgeon at Moorfields, London, Eng., during the past six years, has settled in Toronto. He makes a specialty of diseases of the eye, ear and throat Although we appear to be pretty well supplied already, yet we welcome him to our city, and wish him every success.

Dr. D. Darrach, of Kensington, P. E. I., has retired from practice on account of ill-health, and has been succeeded by Dr. McNeill (McGill, '83).

We sincerely trust Dr. Darrach's health may shortly improve.

Dr. T. S. Covernton, of Winnipeg, left England on the 30th of July, on a voyage to Penang, Singapore, Shanghai, Amoy and Hong Kong. He expects to return in December.

Dr. Hamilton Meikle, son of Rev. Mr. Meikle, of Oakville, has successfully passed his examination as surgeon in the Royal Navy.

Dr. Thomas Gray, of Ontario, formerly of Brigus, N. F., has successfully passed his examination for the double qualification of L.R.C.P. and S., Edin.

Dr. Theophilus Parvin, of Indianopolis, has been elected Prof. of Obstetrics and Diseases of Women and Children at Jefferson Medical College, Philadelphia, in place of Dr. Ellerslie Wallace, resigned.

Dr. Phelan, of Kingston, has returned from the continent to resume his practice. While abroad he attended the Mater Misericordiæ Hospital at Dublin, the London Hospital, the Beaujon and Salpetriere in Paris, and the City Hospital at Brussels.

Victoria Medical School, Montreal.—This school which is in affiliation with Victoria College, Cobourg, has been in successful operation for several years; but a strong rivalry prevailed between her and the Laval University medical school. Instructions were issued by the authorities of the church that Laval should be supported. The professors and students of Victoria continued to act contrary to the spirit of the official declaration. An order was then issued to the sisters of Hotel Dieu to refuse admission to all professors and students, except those of Laval. The sisters appealed to Rome, and the professors to a committee of Provincial Bishops. The latter have decided that no Catholic can conscientiously form part of Victoria School or attend lectures there, and those who do so cannot be admitted to the sacrament of the church, and the former have been again ordered to close their doors to professors and students of Victoria. This mandate effectually disposes of the Victoria School of Medicine, which is much to be regretted, as the school was doing a good work and was besides a means of stimulating healthy rivalry in medical teaching.

Just as we go to press, we learn that a cablegram has been received from the Pope, ordering Victoria school to be carried on as usual for present.

Canadian Sanitary Association.—The meeting of the Canadian Sanitary Association take place in Kingston on the 6th of Septem immediately after the meeting of the Car Medical Association. A provisional committee been elected, with Dr. Playter, of Toronto Chairman, and F. N. Boxer, C.E., as Secret The object of the association may be briefly st as follows: To promote sanitary education; tain joint legislative action when necessary betw the several governments; to prevent the sprea infectious diseases; to secure the mutual co-op tion of the boards of health, and to publish sanitary journal lectures on the laws of phy chemistry of sewage, water pollution, etc.

Leprosy at Tracadie.—A party of New physicians, consisting of Drs. Fox, Williams, dee, Crosby and others, recently visited Traca New Brunswick, to study the cases of lepros the lazaretto. A report on this subject wil made to the New York Dermatological Ass tion. Dr. Fox remained several days in the i tution, in order to watch more closely the condi and habits of the patients, and the nature of disease. We are pleased to learn that the dis is dying out at Tracadie. Five years ago t were 36 cases in the lazaretto, whereas at pre there are only 24.

Action for Alleged Slander.—The pro tors of the Throat and Lung Institute have brou suits against Dr. McCammon, of Kingston, and Bray, of Chatham, members of the Ontario M cal Council, for having, it is alleged, spoke debate of the plaintiffs as quacks, medical pr tutes, etc. Damages are claimed to the exter $10,000 against each of the defendants. Whe the cases do or do not come to a trial—they serve in the meantime to advertise the "spirc ter" men.

Prevention of Infectious Diseases.— Manitoba Legislature, during the last sess passed a most stringent measure for the preven of the spread of smallpox and other infectious eases. The Manitoba *Free Press* gives a com gest of the new law in its issue for August 2nd d 3rd. From a perusal of these papers we are l to believe that the authorities have full power ensure sanitation and effectually cope with epimics. The want of such an enactment has been verely felt in that province, and the authorities d the public are to be congratulated upon the ssage of the act.

British Diplomas.—Dr. E. M. Hewish, of oronto, has been admitted to the L.R.C.P. Edin. rs. P. J. Strathy (Trinity College) and C. E. ameron (McGill) were admitted to the M.R.C.S. ng., on the 25th of July. Dr. J. S. Lathern has een admitted to the L.R.C.P. Lond. Drs. W. . Oakley (McGill) and P. G. Meldrum (Toronto) assed the primary examination of the Royal Colge of Surgeons, Eng., in July last. Dr. W. F. leaver (Kingston) has been admitted to the R.C.P. Lond.

Carbolic Acid in Hydrocele.—A paper was ead before the New Brunswick Medical Society, y Dr. Jonah, of Eastport, Me., in which he reported three cases of chronic hydrocele successfully reated by the injection of from 30 to 90 grains of rystallized carbolic acid dissolved in about ten er cent. of water. The plan he adopted is similar to that recommended by Dr. Levis, of Philadelphia, several years ago, and which was also successful in his hands.

Atropine in Meningitis.—A writer in the *Atlantic Journal of Medicine* (a new aspirant for professional favor, by the way) recommends the use of atropine in the ordinary strength of 2 grs. to the ounce, two drops in each eye night and morning. It relieves the intense photophobia, quiets the restlessness, and has a soothing effect on the patient generally. It certainly seems worthy of trial in such cases.

The Administration of Santonine. — Dr. Lewin, of Berlin, states that santonine should be given in its least soluble form, as the desired effect is not a general, but a local one. He recommends the administration of it in some oil, such as cocoanut oil, olive oil, cod liver oil, or castor oil. Some of the æthereal oils, which are so destructive to the lower forms of animal life, would be suitable in this connection.

Women's Medical College, Kingston.—The following are the names of the Faculty :—Dr. M. Lavell, Obstetrics ; Dr. M. Sullivan, Surgery ; Dr. Garrett, Anatomy ; Dr. Oliver, Materia Medica ; Dr. Saunders, Medicine ; Dr. Fenwick, Medical Jurisprudence and Sanitary Science ; Dr. Phelan, Institutes of Medicine and Histology. Botany and Chemistry will be taught in Queen's College.

Resorcin as a Dressing.—This new remedy promises to become not only the popular remedy for a number of ailments, but also to take the field as a dressing for chancres, chancroids, mucous patches, etc. It is said to be more efficient than iodoform, while it is free from the unpleasant odor of that drug. It may be applied in powder, or in twenty-five per cent. solution in water.

Obituaries.—The death of Dr. Joseph Bell of Edinburgh is announced in our British exchanges. The *Progrès Médical* also announces the death of Paul Dubois, of Paris. Prof. Pacini, of Florence, the discoverer of the corpuscle which bears his name, is dead. Dr. Jacob Mosher, of Albany, N. Y., died on the 13th ult.

Resignations.—Dr. J. C. Dalton has resigned the chair of Physiology in the College of Physicians and Surgeons, New York, on account of ill health. Dr. J. A. Curtis is his successor.

Mr. Jonathan Hutchinson, F.R.S., has retired from the position of Senior Surgeon to the London Hospital, his term of office having expired.

Investigation of Cholera.—Pasteur, at the head of a commission for the investigation of cholera, is about to start for Egypt. The following gentlemen accompany him : MM. Roux and Thuillier, of Pasteur's Laboratory ; Strauss, of the Faculté de Médicine, and Nolaco.

Removals.—Dr. Orton, M.P., Fergus, has removed to Winnipeg. Dr. H. O'Keefe has removed to Minto, Dak. Dr. S. S. C. Phippen has removed to Owasso, Mich. Dr. Mattice, of Cornwall, has removed to Sioux Falls, Dak.

Appointments.—Drs. F. W. Strange, Toronto, and F. W. Campbell, Montreal, have been appointed surgeons to the Militia Schools of Instruction in Ontario and Quebec respectively.

Coroner.—Dr. R. Lambert, of Windsor, Ont., has been appointed Coroner for the Co. of Essex.

Books and Pamphlets.

A TREATISE ON DISEASES OF THE EYE. By J. Soelberg Wells, F.R.C.S., King's College, London, &c., &c. Fourth American, from the third English edition, by Charles S. Bull, A.M., M.D., New York. Philadelphia: H. C. Lea's Son & Co. Toronto: Willing & Williamson.

The present work has undergone many changes and additions which were necessary to bring it up to the present state of knowledge on the subject. The size of the book, however, remains about the same. The section on membranous conjunctivitis, and purulent conjunctivitis of new-born infants is entirely new. A full description of Landolt's method of blepharoplasty is given in the chapter on diseases of the lids. Sattler's views upon the nature of trachoma have also been given in their appropriate place, but no mention has been made regarding the use of the jequirity bean in the treatment of trachoma and obstinate pannus, owing, the editor states, to the MSS. having been in type before the observations on this subject were published. A very interesting article on optic neuritis in intra-cranial disease, by Hughlings-Jackson, will be found in the chapter on diseases of the optic nerve. This edition has been rendered as complete as possible, and the editor appears to have bestowed great care in incorporating all the important facts elucidated by recent researches in this branch of medical science.

THE POPULAR SCIENCE MONTHLY for August, 1883. New York: D. Appleton & Co. $5 per annum.

The August number is the most vigorous and brilliant of the year. Its most important article is the monopoly of the Bell Telephone Company. They say to the public: "We hold the patents of a new art; we have patented talking through a wire, and the courts pronounce our patents valid; now help yourselves!" But, if the statements in this article are true, the whole claim is now exploded, and nothing remains for the courts but to reverse their decisions, and make the telephone free to the world. The art of talking through a wire was invented first, not by Bell, but by Reis, of Germany, who devised every one of the contrivances now used, in their essential principle and working effect. There is a masterly article by W. D. Le Sueur on "The Anarchy of Modern Politics," that will be read with profound interest. An account is given by Professor Tindall of his experiments to ascertain the effect of atmospheric moisture in restraining the radiation of heat fro the earth's surface. Dr. Oswald continues his v luable papers on "The Remedies of Nature Other articles of interest are on "The Geologic Distribution of North American Forests," "L custs as Food for Man," "The Chemistry Cookery," "Technical Education," etc.

ANATOMY, DESCRIPTIVE AND SURGICAL. By Hen Gray, F.R.C.S., Eng., London. 10th editio just published. Philadelphia: H. C. Lea's So & Co. Toronto: N. Ure & Co.

It gives us much pleasure to acknowledge th receipt of this valuable standard work on anatom There is probably no medical text book which ha been so extensively used as "Gray's Anatomy. For years it has been almost the only work o anatomy in use by medical students, and the ap pearance of a new edition will be hailed with de light. It is almost unnecessary to say that th present edition is up to the standard in ever respect.

THE ESSENTIALS OF PATHOLOGY, by D. Tod Gil liam, M.D., Prof. of General Pathology and Phy siology, Columbus Medical College, Ohio. Phi ladelphia: P. Blakiston, Son & Co. Toronto Willing & Williamson.

We are pleased to have to hand the Essential of Pathology, by Prof. Gilliam. After a carefu perusal of its contents, we feel justified in sayin that it fills a long-felt want in that it contains in concise form all that is required of the ordina student of the present day. The chapter on gen eral and local death we are especially pleased with in that it puts very clearly the close pathologica associations of molecular and general death. W would also especially notice the chapter on th pathology of the blood, which is put in a very con cise and excellent manner. For students and prac titioners who have not the time to wade throug the more exhaustive treatises upon pathology, thi work is one we can highly recommend.

Births, Marriages and Deaths.

At Walkerton, Ont., on the 26th of July, Wm. J. Cooper, Barrister, of Portage la Prairie, to Minerva H., only daughter of the late Wm. Henderson, M.D., of Napier, and step-daughter of L. Sinclair, M.D., of Walkerton.

On the 20th ult., Norman McGregor, M.D., of Lucknow, aged 50 years.

On the 22nd ult., Dr. Edward Laberge, M.P.P., of St. Philomene, Que., aged 54 years.

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Original Communications.

REMINISCENCES OF ASIATIC CHOLERA IN CANADA.

BY JOSEPH WORKMAN, M.D., TORONTO.

The following details of the visitations of Asiatic holera from its first appearance on this continent 1832, up to its last arrival in 1866, have been urriedly brought together, with the intention of resenting them to the Medical Association of anada, during its session in September, at Kingson. Owing, however, to the too great length of e paper, despite my desire to compress the facts nto more limited space, and to my present equivocal state of health, I have, with much reluctance, een constrained to deny myself the pleasure of king part in the proceedings of the Association, d I cannot think of trespassing on the kindness any professional friend to read the paper, as my presentative, nor indeed am I free from the prehension that it might exhaust the patience of he audience.

The parts relating to the cholera of 1832 and 34, are drawn chiefly from the inaugural thesis esented by me to the Medical Faculty of McGill ollege, on the occasion of my graduation in the ar 1835. I have no hesitation in pledging myf for the perfect accuracy of my notes, as they ere written by me, from day to day, as the events curred; I have also every reason to consider the bsequent details as quite truthful.

It is not the unanimous opinion of medical riters that the disease now known under the rious names of Asiatic Cholera, Spasmodic holera, Malignant Cholera, and Cholera Asphyxia a new disease. Hippocrates, Aritæus, Sydenham d Huxham, are said to have distinctly treated of s malady. We are told that in 1669 and 1676 it prevailed in London, and in 1730 and 1750 in Paris. In 1762 we are informed it raged extensively in Hindostan, and that in each successive season an epidemic, showing the principal characters of Asiatic Cholera, prevailed more or less epidemically throughout India. But we have no reliable records of its extensive prevalence before the year 1817. It is true, many have been inclined to believe that the terrible pestilences which the Indian historians have recorded as having made extensive devastations in that part of the world, at various periods, were no other than the disease in question; yet when we consider the vague and unscientific manner in which both historians in general, and some early medical writers were accustomed to describe diseases, we may feel inclined to question the identity of the disease now known as Asiatic Cholera with any of those recorded by writers of past times.

Asiatic Cholera presented itself in the year 1817, at Jessore, a large and populous town, about 80 miles north east of Calcutta, in that part of the province of Bengal, which is called the Sunderbunds or Lowlands, which constitute the extensive district lying between the numerous mouths of the river Ganges. It is stated to have appeared simultaneously at several other places in this part, and to have radiated into the surrounding districts. In July it reached Patna, on the Ganges, 300 miles north west of Calcutta. In the middle of August it appeared in Calcutta. In the month of November it carried off 5000 victims in the camp of the Indian army. During December it abated in every part of India; but in February 1818 it sprang up with renewed virulence, and assumed the dread character which it has ever since retained. Stretching towards the south it attained the southern extremity of Hindostan, and passed over to the adjacent island of Ceylon in December. In November of the following year, (1819) it was carried to Mauritius, and thence in January 1820 to the Isle of Bourbon. To the eastward we have it advancing with persistent pace, and devastating the populous countries in that direction, between the Altaian mountains on the north and New Holland on the south. It appeared in Arracan in 1818, in Java in 1819, Canton 1820, Pekin 1821, and in the island of Timor, which lies about 450 miles from the most north-western point of New Holland. To the west and northward we trace it to Bombay in 1818; to Muscat, near the mouth of the Persian gulf, 1821. Passing up the gulf it visited the towns on each side. It reached the city of Bagdad in 1821, and before the end of 1823 it had reached Antioch and Diarbekir. During the winter it did not advance further westward; but from the north of Persia it passed to the borders of the Caspian sea; and in September 1823 it had reached Astrachan, near the mouth of the river Wolga. The cold of a northern winter seemed, at this time, to prove uncongenial to its existence, and the western nations were relieved from their apprehensions of its further progress. From this time till 1829, we know little of its movements; but it had never ceased to exist in Persia, where it prevailed yearly with more or less violence. In the summer of this year it raged with increased fury in the eastern provinces of Persia, and passing down the river Jihun (Oxus), and across the steppes of the Kirghis Kassaks, it reached the province of Ohrenburg, on the frontiers of Tartary in the month of August. It continued here until the following February, (1830), when it gradually subsided.

In the summer of 1830 it passed out of Persia in another direction; and skirting the western coast of the Caspian sea, we find it once more in Astrachan on 19th of July. From Astrachan it now passed up the Wolga, and by the middle of September it had reached the city of Moscow. In April 1831 it reached Warsaw, and in May it entered Riga and Dantzig on the Baltic. In June it reached St. Petersburg. We then trace it southward to Berlin in August, and to Vienna in September. In October it appeared in Hamburg, and near midwinter it crossed the German ocean to England, appearing first in Sunderland. From this starting point, despite the opposition of winter cold, it spread in various directions, and before the spring it had shown itself in all the principal towns of Great Britain; by the end of March it had crossed over to Ireland, and prevailed in Dublin. Early in April a vessel, named the "Carricks," sailed from Dublin, with 167 emigrants. Ten days after her departure one death took place, and during the succeeding fifteen days thirty-nine more were added. From this time up to the arrival of the vessel at Grosse Isle quarantine station, only five more deaths occurred. The captain reported to the boarding officer "forty-four deaths, by some *unknown* disease." The real nature of this "unknown disease" no sane person now calls in question, nor indeed perhaps even then did any disinterested parties decline to admit it. Th Carricks arrived at Grosse Isle on the 3rd of Jun (1832), and while anchored there a female passenger died after a three hours illness. On 7th o June a sailor died of cholera in a boarding hous in Quebec; and on that evening the steamboa Voyageur, (not the *Swiftsure*, as stated recently b a writer in the *Mail*, for this steamer had the passed out of existence,) left Quebec for Montreal bnt in consequence of being *overloaded* with em grants, the captain was obliged to put back, and t disembark a number of them. Several of the disembarked were very soon after seized with choler The steamer proceeded on her way to Montreal but before arriving at Three Rivers, an emigra named Carr was taken ill, and he died before th vessel came into the port of Montreal. (Note Within the last four years I learned from the lat John Carr, Harbour Master of Toronto, and f many years an alderman of the city, that the ma Carr, here mentioned, was his brother. He cam from the same Parish as myself, near to Belfast Another emigrant named McKee had been seize in the afternoon of the same day (June 9th); was carried from the steamer into a tavern on th wharf. The dead body of Carr was exposed public gaze during the next day (Sunday 10th and, as I well know, was visited by many person from mere curiosity. Numbers also went into th the tavern to see McKee—among others a soldi of the 15th Regiment, then stationed in Montre Cholera appeared in the barracks that night, a this soldier was its first victim.

On the night of Sunday, or the early morning Monday, several cases appeared in various parts the city. It was then for the first time I saw th disease, and it was impossible to avoid the co viction that it was new to Canada, though son physicians, for reasons best understood by ther

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NOTE.—It was strenuously denied by the medical a other officers of the regiment, that this soldier had been ne the dead, or the sick, emigrant, and my statement was qu tioned. It is, however, wonderful how tenacious of vital fact sometimes is. Nearly 40 years after the death of t soldier, I was assured by Dr. Dewson of Windsor, who w son of an officer of the 15th, that the first cases of cholera the Montreal barracks in 1832, were those of two soldi who entered the tavern into which McKee was carried, a they assisted in rubbing him to ease the cramps. Dr. De son was then the pupil of the surgeon of the regiment.

elves, alleged that it was not new to them ; but ve all have met with wise men whose brains are oo densely packed with wondrous facts to leave ny vacant space for the entrance of new ones. On the 11th several other cases occurred, and a ontinued increase took place until the 19th, when he pestilence seemed to have attained its acme. From Montreal I traced the disease along the ravelling routes westward and southward. It appeared at Lachine on the 11th of June, among emigrants on their way to Upper Canada ; on 13th t was at the Cascades—the first case being that of a person newly arrived from Montreal. On the ame day a boatman, direct from Montreal, died of cholera at Cornwall. On 16th it was at Prescott —the first cases were among persons just arrived rom Montreal. On 19th a boatman from Monreal died of cholera at Brockville. On 20th it was at Kingston. On 21st the first decided cases occurred in York, (now Toronto.) On the 22nd vessel from Kingston, called the "Massassauga Chief," loaded with emigrants, arrived in the river below Niagara, but as there were several cases of holera on board, the vessel was not permitted to come into port. Cholera did not at that time shew tself in Niagara.

Having thus followed the disease far enough westward, we may next endeavour to trace it owards the south. But on account of the obstacles offered to emigrants on the American frontiers, the progress of the disease in this direction was neither so regular nor so rapid as it was in passing up the St. Lawrence. We find it in Laprairie on 12th une, and in St. Johns on 14th. Straggling cases occurred in several places on the frontier ; but whether from the difficulty of ascertaining, or of writing, truth, the accounts of its appearance published were so confused and contradictory as to render it impossible to follow it with any degree of satisfaction. The disease was reported in New York on July 4th ; but some cases were said to have been observed previously—a very usual sort of afterthought with the *nil admirari* variety of observers. The first case in Philadelphia was by some stated to have occurred on 5th July ; but as second one was not reported until the 14th, we may doubt the reality of that reported on the 5th ; or it would be an anomaly, perhaps never observed n the progress of cholera, that nine days should lapse from its arrival, in a large and populous city, in the heat of July, without a second case soon following. From New York and Philadelphia the disease passed into various surrounding States, and before the close of the year it had traversed almost the entire face of the northern continent. In Montreal it continued to rage with terrifying virulence till the end of June. I remember one day on which the deaths exceeded 150. In the beginning of July it remitted in violence, but the scene of devastation was truly woful. Hundreds had been left without parents and without sustenance ; death had been in almost every house. No wonder that a beam of hope gladdened our sorrowing hearts, as we flattered ourselves that the fury of the storm was past. But we were doomed to sad disappointment, for before the middle of July the disease seemed to reawake with augmented vigour. Hitherto its victims had been principally from among the poor, and the upper ranks had flattered themselves on a happy exemption from its ravages ; by many of them the disease was spoken of as "*plebeian* in its habits." They were mistaken—death's carnival was not yet complete —his devastations now passed beyond the habitations of the poor and the houseless.

A remarkable instance of the transmission of the disease to the northward of Montreal, took place about this time. The settlement of New Glasgow, about 30 miles north west of the city, had imposed upon itself a sanitary cordon, and none of its residents ventured from home, until about the close of July, when a man named Young made the venture. On returning to his home he had much to tell of his city observances, and among his details he related the fact, that in the inn in which he lodged, he saw and rubbed a patient who was dying of the cholera, and he "was not a bit afraid of it." Next day this brave man himself died of the disease. Two or three neighbours buried him quietly in his own garden. No other case in the settlement followed,—so much for prompt isolation.

After the beginning of September but few cases occurred in Montreal, yet one or two appeared so late as the end of October, and it was a somewhat strange fact that among the latest deaths was that of the undertaker who had cofined and conveyed to the graveyard nearly all the victims belonging to the protestant denominations. The apothecary and the matron of the General Hospital were both carried off shortly after the casual admission of some cases into that institution,—on one of which the process of venous injection of a solution of muriate of soda was effected, with wondrous apparent benefit. The man seemed to revive as if by magic. Heat of body returned; the pulse resumed its normal force and rhythm; the husky voice gave place to distinct articulation, and all seemed to promise escape; but the illusion was soon dispelled,—the poor fellow died not many hours after.

It was in the midst of the July horrors that a very strange personage presented himself on the streets of Montreal, calling himself the "*Cholera Doctor*," and asserting his curative potency over the disease. His name was Stephen Ayres. He was attired in the grandeur of a scare-crow; his outer garment had once been a great coat; but it now seemed to be the relics of a dozen, the lacerated tails of which he had knotted into distinct hanks. He said he had come from the far west, expressly to do battle with the pestilence. To give prestige to his advent he was followed by an old brood mare, and she had a train of two colts of the respective ages of one and two years. Stephen went fearlessly into every part of the city, and he had many more followers than his three quadrupeds. I saw him, in rather a clouded aspect, at the bedside of the Hospital matron an hour or so before her death. He had administered to her his cure—all mixture of hog's lard and charcoal; but it did not save poor Mrs. Stevenson. Of course Stephen, like many another knight of the mortar, said he was not "called in time." He disappeared, but not as did the majority of his patients, for he was afterwards visible in other parts.

The total number of deaths in Montreal, from the incursion of the disease till its cessation, was upwards of 3,000. Of these, 2,000 were ascribed to the cholera, but as this calculation would assign 1,000 to all other diseases, for a period of, say, one-fourth of a year, and the whole population was then about 30,000, it is manifest that the proportion given to cholera was much too low. I feel satisfied that 2,500 to cholera, and 500 to all other diseases, would have been much nearer to the right mark. During the winter of 1832-33, cholera was followed by a very fatal form of typhus fever. Among its victims was Dr. Caldwell, and, I think, Dr. Vallee, and some medical students, as well as two or three matrons of the General Hospital.

The second invasion of Canada by Asiatic cholera, took place in June, 1834, which was a month earlier in the season than the arrival of its predecessor. This disease was unquestionably introduced by emigrant vessels, and its movements were in complete accord with those of 1832. It was quite as virulent as the first pestilence, but it did not attack so large a number of persons. Perhaps this comparative immunity was explicable on the ground that the former so-called epidemic had cut off so many of the weakly and intemperate classes, and had thus deprived it of its favorite *pabulum*. It was, however, my belief, that much was due to the general entertainment of more rational views of the primary cause of the disease, as well as of its secondary or predisposing causes, to which countervailing agencies may, without doubt, be added the observance of wiser hygienic rules. In 1834 we saw none of the tom-foolery that was inculcated by the *savans* at the seat of government, such as burning of tar barrels and firing of cannon in the public streets. One hot Saturday afternoon, in 1832, St. Paul and Notre Dame streets were treated to a series of explosions of artificial thunder, whether with the view of driving away one fear by the substitution of another, must be best known to the instructing wiseacres. It certainly did no harm to the glaziers. One of the city physicians, in reply to the question from the seat of wisdom, "What result did you observe from the firing of cannon on the streets"? briefly and most truly answered, "much broken glass."

The total number of reported deaths from cholera in Montreal in 1834, was 1,200. The highest number in one day was 70.

Canada remained exempt from cholera from 1834 till 1849, a period of 17 years. This intervening period when compared with that between 1832 and 1834, is a pretty clear illustration of the absurdity of the doctrine which teaches us to expect recurrences of the malady at certain definite periods. The next invasion in 1854, was an additional proof of the fallacy; and if we add to these the fact of the possible existence of the disease in Ontario in 1866, which will be noticed further on, and its too probable future visitation in 1883 or '84, surely but very slight foundation can remain on which the cholera prophets may base their predictions. It will come to us only when it is carried to us, and it is my belief that even then its progress may be stayed, or completely arrested, by prompt isolation of the first presenting case or cases. The converse of this was wofully demonstrated in Toronto in 1849. In that year I chanced to be chairman of the City Board of Health. During the spring, cholera was threading its way up the Mississippi. I felt assured it would in due course reach us, and I urged on my colleagues the necessity of preparing some edifice for the reception and isolation of the first cases. We were permitted to erect a wooden shed on the then totally vacant lot on which St. Andrew's market now stands. We flattered ourselves that we had done well, but a quarter of a dozen of lofty magnates residing in that region, thought otherwise, and they accordingly turned out one night and demolished our receiving-house. I appealed to my colleagues of the council, begging for the re-erection and future protection of our edifice. To my great chagrin I found that their sympathies were with the demolishers, whilst I came off with their contempt. I could see but one course open to me, and I took it. I resigned my seat as an alderman, and with that, of course, my place in the Board of Health.

The cholera reached Toronto early in June. The first reported case was in a house on Scott street, in the person of a man just arrived from Buffalo or Cincinnati. There was no place of isolation to which to remove the patient. The consequence was exactly what should have been anticipated. The disease spread, and in the course of three months it carried off more than 500 citizens, of whom several were of the respectable classes. The three demolishers however escaped, and no doubt they flattered themselves they had performed a very praiseworthy act; but many a bereaved wife and husband, and many a weeping orphan might have had just cause for ascribing their calamities to the selfish apathy of the west end demolishers. Poor things! they are all gone, but their evil deed should not be buried in their graves.

In 1851, the cholera, as appears from a report in the French language, written I presume by Dr. Tache in 1866, visited Quebec, having been brought in from the United States. It would appear to have lasted only five weeks, in September and October; but 206 deaths were ascribed to it. It did not reach Upper Canada at this time.

In November, 1852, a very formidable and fatal disease broke out in the Toronto Lunatic Asylum, which had some of the characteristics of Asiatic cholera. I understood however that Dr. Widmer regarded this disease as essentially different from Asiatic cholera, though not much less fatal. If Asiatic cholera be produced by filth, irrespective of specific infection, I might readily admit the possibility of its existence at that time in the Toronto Asylum. I had shortly afterwards the odoriferous task of cleansing the augean-stable-eclipsing mass of underlying abomination. Let any one try to imagine what must have been the hygienic condition of that edifice, nearly 600 feet in length, sitting over the accumulated dirty suds and kitchen dirtied water of four years contribution. Such was the fact, for the drains of the basement had never been connected with the main sewer running from the house to the lake. Fortunately the water-closets had independent connections of their own, else who will say how much worse the condition of the patients would have been? Will it be believed that a grand jury, presided over by a very magniloquent citizen, made a presentment within two months after the outbreak of the disease mentioned, in which they informed his lordship, the judge, and the public, that they had examined the water beneath the basement, and had found it clear and scentless. In the winter of 1853-54 I caused to be removed from this same basement some 200 cartloads of very rich manure. The directors of the asylnm had, in the end of 1852, sent some samples of the air of various compartments to a distinguished chemist, who did not succeed in finding anything amiss in it. This may show how very undetectable dangerous gases may be, for during the cleansing process I had not less than 50 cases of erysipelas to fight against, and I cannot but believe the dirty state of the foundation had much to do with their causation. At all events I had no more of this trouble after the place was cleansed out, and proper attention to ventilation was given.

The cholera of 1854 was introduced into Canada by way of Quebec. It was brought by a ship from Liverpool, which reached the port on 17th of June. It appeared among emigrants at Montreal on the 22nd; at Kingston on the 25th, and on the same day, as reported, at Toronto. It continued till the middle of September. In my journal under date

11th August, I find the following entry :—"Up to the present time the health of the asylum has been excellent, though cholera has been prevailing in the city for at least seven weeks, and has carried off probably four or five hundred victims." That this exemption from the disease was largely attributable to the sanitary improvements previously effected, and to the hygienic regulations enforced under my direction, I would not dispute ; but at the time I placed my chief reliance on a stringent system of prohibition of city visitation by the servants of the establishment. An addition to the monthly wages was given to all who obeyed the instruction, and any one discovered to have disobeyed was forthwith discharged ; it was however very creditable to the service, that only in one instance was it necessary to enforce this penalty. The asylum continued free from the disease throughout the whole period of its prevalence in the city. The cholera shed was within a short distance of the boundary wall.

Toronto was exposed to another visitation of this disease in August, 1866, when a man arriving by rail from the United States, was found suffering under it. He was promptly removed to the General Hospital, where no doubt all proper precautions of isolation and disinfection were carried into effect. He had all the characteristic symptoms of Asiatic cholera, and he died within a few hours. It was reported that his nurse died of the disease a day or two after, but of this I had no certain information. A travelling companion of this man was stated to have died next day of cholera at Port Hope. Had the first case in 1854 been as promptly isolated as this was, who will assert that hundreds of valuable lives might not have been saved?

It seems to me a logical impossibility to study dispassionately the history of cholera visitations in Canada, and to reach any conclusion save one as to its mode of transmission from place to place, and its communication from person to person. The most strenuous advocate of the theory of contagion cannot however deny that the disease is discriminative in the selection of its victims, nor will he assert that its virulence and epidemic pervasion are not intensely aggravated by the disregard of sanitary and hygienic precautions ; but what have we ever learned, in the annals of the pestilence, that proves its transmission from country to country and town to town, without the intervention of human travel or traffic?

It has kept pace with the march of armies, the advance of caravans, and the trail of Mahommedan pilgrimages ; it has threaded its way along the coasts of oceans and of inland seas, up or down the valleys of rivers, and along the lines of railways ; it has crossed oceans and high mountain chains, with winds abaft or ahead. It is a disease of man, and it follows man, or rather it keeps pace with him, go whither he may, when bearing with him its specific seed, dare I not now say, its special germ? Who knows? Let us await with becoming patience the result of the practical enquiries and personal observances of the pupils of that prince of etiological scrutinizers, the world-famed Pasteurs who are now pursuing their searches in the Delta of the Nile.

In the *Popular Science Monthly* for the present September, I have read, with much interest, a lecture on "*The Germ theory of Disease*," by Prof. H. Gradle, M.D., of Chicago, from which I quote the following passage :

"Thus exposed from all quarters to the attacks of these merciless invaders (bacteria, etc., etc.,) it seems almost strange that we can resist their attacks to the extent that we do. In fact, one of the arguments used against the germ theory—a weak one it is true—is, that while it explains why some fall victims to the germs, it does not explain why all others do not share their fate. If all of us are threatened alike by the invisible enemies in the air we breathe, how is it that so many escape? If we expose a hundred flasks of meat-broth to the same atmosphere, they will all become tainted alike, and in the same time. But the animal body is not a dead soil in which bacteria can vegetate without disturbance. Though our blood and juices are the most perfect food the parasites require, and though the animal temperature gives them the best conditions of life, they must still struggle for their existence with the cells of the animal body. We do not yet know in what way our tissues defend themselves, but that they do resist, and often successfully, is an inevitable conclusion. We can show this resistance experimentally in some cases. The ordinary putrefaction—bacteria can thrive excellently in dead blood, but if injected into the living blood-vessels they speedily perish."

In the above lines there is much in small space for sober reflection. We are at present only on the threshold of medical philosophy. Our greatest want is an accumulation of reliable facts, and our greatest evil in the past has been rapid and rash generalization from a too limited number of facts, and these too often of unreliable character.

PROGRESS IN OPHTHALMOLOGY.*

BY W. TOBIN, F.R.C.S., M.R.C P.I., ETC., HALIFAX, N. S.

[Surgeon (retired) Army Medical Department].

GENTLEMEN,—Great as has been the progress in various branches of Medicine within the past half century, in none has it been more marked than in Ophthalmology, which bids fairly to be classed amongst the exact Sciences. Three great names are associated with this advance. That of Helmholtz, who by his marvellous invention, the Ophthalmoscope, has opened up the hidden depths of the eye for our inspection; that of Donders, whose great work on Refraction has reconstructed physiological optics on a mathematical basis; and that of Von Graefe, who has done for ocular surgery what the others have accomplished in less practical branches of the art.

Previous to the invention of the ophthalmoscope, under the mystifying names Amblyopia and Amaurosis, which my friend Landolt defines thus—"Amblyopia, where the patient sees nothing and the surgeon sees something; Amaurosis, where neither surgeon nor patient sees anything"—lay hidden diseases, which are now as patent to us as the noonday sun The various affections of the lens, vitreous, choroid, retina and optic disk, have been recognized, classified and traced to their sources; some as purely local affections, others as manifestations of constitutional taints—such as syphilis, tubercle, rachitis, albuminuria and various affections of the brain or spinal cord. Since its invention, the instrument has undergone many changes. What a difference between the plane mirror of Coccius and the perfected ophthalmoscope in our hands to-day! The number of new patterns is simply infinite. Those of Loring and Cooper, Landolt and De Wecker are considered the best. I prefer one made by Ferriere, of Camberwell, a cheaper modification of which has been brought out by Mr. Jeuler, of St. Mary's Hospital. All, in addition to the perforated, concave mirror, possess a set of refracting lenses (plus and minus) enclosed in a revolving disk. These lenses serve a double purpose. They enable us to examine the fundus, by the *direct* method, securing thereby a clearer and more highly magnified image than by the indirect; and at the same time, by their help, we can estimate the patient's refraction — thus abolishing the tedious test type examination — which is found often, more especially in the case of children, misleading, if not impracticable. To estimate refraction by means of the ophthalmoscope, it is necessary to have the accommodation of both patient and surgeon in abeyance. This may be secured by atropine, or the use of a thoroughly darkened room on the one hand, but can be gained only by practice on the other. All errors, whether myopic, hypermetropic or astygmatic, may be noted and their amount estimated in this manner. I regret that I cannot go more into detail.

A new application of the mirror has been found in Keratoscopy, a process of testing refraction, through the production of retinal shadows on the cornea. Light is reflected into the patient's eye, from the surgeon's perforated mirror, at a distance of one to three feet. The appearance and movements of the shadows produced, as they traverse the cornea, indicate the patient's refraction. Provided with a spectacle frame and a set of test lenses, we may correct, whilst in situ, any amytropic condition discovered. This process originated in the clinique of Dr. Galezowski, in Paris, and is now being extensively tested in the great ophthalmic hospital at Moorfields.

The use of the Perimeter has greatly assisted the ophthalmoscope in the physiological and clinical study of the human eye. By it we are enabled to map out the visual field and so determine any morbid changes in the retina. By visual field we mean all the space which vision embraces when directed towards one central object. The instrument consists essentially of an arc of a circle, of the value of a semi-circumference, is made of metal, and revolves upon a pivot. In turning, its apex describes a hemisphere, at the centre of which is found the eye under observation. The limits of the visual field are determined by moving white or colored disks, along the arc, adjusted to different meridians, till the object is perceived by the patient. In this way we test the sensibility of the retina from periphery to centre. The result is a chart of the field of vision, which may be projected upon paper, and in which any deviations from the normal may be noted from day to day. The practical uses of the instrument are—to detect blind spots, technically called scotomata, in the retina. These may be due to hemorrhages, to syphilitic gummata, or other tumors; to detached retina, local nerve lesions and to various forms of choroidal and retinal disease. More especially is it useful in estimating functional changes originating either in the optic nerve or more remote nerve centres. In obscure cases of glaucoma, one of whose prodomata consists in a gradual narrowing of the visual field, its diagnostic assistance is invaluable.

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* Read before the N. S. Medical Society, June, 1883.

But it is in the substitution of the metrical or dioptric system for the obsolete inch measurement, that Ophthalmology has had one of its greatest triumphs in the present day. So universal has this system now become, since its first suggestion to the profession, at the Heidelberg Ophthalmological Congress in 1875, that I can now only remember one oculist of eminence on the large staff at Moorfields who continues to work in inches. According to the old system, lenses were numbered by their focal length in inches. "Their refractive power being the reverse of their focal length was represented by a fraction, of which the numerator was 1, and the denominator was the focal length in inches. Thus, a lens of 6 inches focus, had a refracting power of ⅙th; that is to say, ⅙th the refracting power of a lens whose focal length was one inch." The latter was taken as the unit of measurement. Now the length of the inch varies in different countries, and all calculations by such a system had to be made in fractions; two difficulties, which were got over by substituting the diopter for the inch and the metrical system for the fractions. Nagel and Javal first proposed, at Heidelberg, the use of the metrical system in notation, and took as unit of measurement a lens having one metre focus. This unit is called a diopter, and becomes No. 1 in the new system. No. 2 is 2 diopters, is double the strength of No. 1, and has its focus at half a metre (50 centimetres). No. 10 is 10 diopters, has a strength ten times that of No. 1, and has its focus at one-tenth of a metre (10 centimetres) and so on.

We have now the advantage of making our calculations in whole numbers, and of being able to estimate without trouble the focal lengths of the lenses we employ. As all refraction ophthalmoscopes, test glasses and spectacles made in the old country are numbered according to the new system, it becomes imperative for the specialist and most useful for the general practitioner, to form an acquaintance with it.

No less important have been our gains of late years in the departments of Ocular Surgery and Therapeutics. Allow me, briefly, to allude to some of them. First, let me mention the modern treatment of Glaucoma, long looked upon as an incurable affection; now, thanks to the discovery of the prophylactic action of iridectomy in these cases, by Von Graefé, and to the equally if not more efficacious operation, termed Sclerotomy, by my master, De Wecker, brought within the range of practical surgery. The advantages and disadvantages of either operation were well discussed at the last meeting of the International Medical Congress in London. Further experience alone may decide which is to carry the palm.

While both equally reduce tension and relieve pain, iridectomy is objectionable on account of the deformity it occasions. Again, it is an operation which cannot be indefinitely repeated—in certain disorganized conditions of the iris it is impossible. Sclerotomy on the other hand (which consist essentially in an incision of the sclerotic involving the iridian angle, in the neighborhood of Schlem's canal, leaving behind a cicatrix, which is supposed to act as a permanent drain to the globe —Filtration Cicatrix, DeWecker terms it) may be repeated as required, produces no deformity, is applicable to more cases of the disease, and in exercised hands requires no greater skill for its performance. I have seen the operation repeatedly done by De Wecker, and have never witnessed the ill effects with which it is credited by certain English ophthalmologists.

The different methods of extracting senile cataract might form another interesting subject for discussion. I shall mention the one most in favor, as illustrating our progress in this direction. Such operations as couching, reclination and needling hard cataracts are now matters of history. The modified linear operation, combined with an iridectomy, done upwards so as to secure protection from the upper lid, is most in vogue both in Paris and London. Surgeons no longer seek "the maximum of linearity" insisted on by Von Graefé, and have transferred the incision from the sclerotic to confine it altogether to the corneal region. Though cosmetically not so perfect as the simple extraction (without iridectomy), if we look only to practical results, it is found to give the greater number of cures. What we are taught to seek in every modern extraction, are cleanliness of the wound, perfect adaptation of the flap, a corneal incision large enough to allow easy escape of the lens, and thorough evacuation of cortical matter. This is facilitated by the iridectomy, which lessens the danger of glaucomatous complications, and should always be insisted on in cases where the eye to be operated upon is hard to the touch. The use of antiseptic precautions in cataract extraction I have usually seen confined to a preliminary disinfection of hands, instruments and the ocular surface itself. Boracic and salicylic acids in combination, form the solution which De Wecker employs. He discards altogether the use of sponges in eye surgery, using absorbent, antiseptic cotton instead, which may be thrown aside as it is used. I have seen only one oculist operate under the spray; it is not used at Moorfields.

Amongst interesting eye operations, I have seen Mr. MacNamara extract the whole lens in its capsule at the Westminster Ophthalmic Hospital; and, whilst serving in the Indian Medical Department, he had, he tells me, many opportunities of performing the operation, with success, upon natives. The dangers of the operation, from the unavoidable loss of vitreous, are such that it has not become a favorite with specialists. To extract by this method, a broad keratome and a scoop are all that are required. The pupil should be first fully dilated with atropine. A broad incision is made with the keratome at the sclero-corneal border. Through this a scoop or cataract spoon is passed forward into the anterior chamber, till it rests on the margin of the lens. Rupturing by downward pressure the ciliary attachment of the capsule, the scoop is passed transversely behind the lens and withdraws it entire from the eye, enclosed in its capsule. The after results, when the operator succeeds, are very brilliant.

The use of Eserine in eye surgery should not be passed over without remark. This drug, sulphate of eseria, the alkaloid of the Calabar bean, empirically introduced to the profession by Lagureur, has been found most useful in cases of acute and hæmorrhagic glaucoma, through its well-known effect in diminishing the calibre of blood-vessels, and diminishing secretion. In some cases it does away with any necessity for operation. In sclerotomy it is instilled before and after the operation; in cataract extractions it is usefully employed, to restore the iris to the proper position and prevent it becoming fixed in the angles of the wound. One or two drops suffice to produce myosis. Its action is not so permanent as that of its antagonist, (atropine). It is useful also in ulcers of the cornea.

Of all the apparently hopeless cases we meet with in eye practice, none seem more beyond our skill than cases of detached retina. Such detachments may be due to injury, myopic changes, increased fluidity of vitreous, or may be mechanically produced by effusion of fluid between the choroid and retinal coats. These detachments are easily recognized by the ophthalmoscope, and their extent may be mapped out with the perimiter. It is in the cases where the detachment has been mechanically brought about by effusion, that means have been taken for its relief.

Mackenzie, I believe, first recommended puncturing the sclerotic below the seat of detachment. Bowman followed, advising laceration of the detached retina, with two needles, as in the operation for secondary cataract, to allow the escape of the effused fluid into the vitreous. De Wecker endeavored to draw it off with a trocar and canula, and subsequently attempted to form a permanent drain, by inserting a gold wire through the sclerotic and allowing it to remain for some time in the eye. Finding none of these plans successful, he had returned to the simple puncture till lately, when I have seen him substitute the galvano-cautery needle for the knife, and with this puncture the sclerotic at the point of the detachment.

The operation is done thus: The patient being prepared as for cataract extraction, the operator seizes the conjunctiva and subconjunctival tissues with the forceps, near the inferior border of the cornea, and draws the globe forcibly upwards and inwards as far as it will go. A point is then selected free from vessels, and the needle heated to a white heat, is plunged between the external and inferior recti (or should the seat of detachment indicate it, between the internal and inferior recti) through the sclerotic into the eye. It is not allowed to pass more than 4 or 5 millimetres. On its withdrawal, eserine is instilled and a compress and bandage applied. The patient is kept on his back in a darkened room for some days, the eresine being daily repeated. I have seen benefit result from this operation.

Amongst other novelties in modern eye surgery, I may mention the disguising of indelible leucomata of the cornea by tattooing the surface with Indian ink, an operation very easily performed, and producing the most wonderful change in the appearance of the patient. A very perfect imitation of the pupil may be produced in this way. It is also useful in diminishing the dazzling produced by an iridectomy done for prophylactic purposes elsewhere than under cover of the upper lid.

What bids fair to be another step in progress consists in the substitution of "ablation of the ciliary nerves" for enucleation in certain cases of sympathetic ophthalmia. Given a case where the sympathizing eye is going through all the distinctive phases of an Irido-choroiditis, and where the irritating eye still possesses a certain amount of vision, what is to be done? In the old days they would say enucleate, now we endeavour to preserve the irritating eye, but tc put an end to the irritation by dividing the ciliary nerves in that section of the globe, where most irritation and tenderness exist. A section of the rectus tendon on that side will expose the posterior segment of the globe and the nerves which surround the optic may be snipped with a blunt-pointed scissors, care being taken to avoid damaging the great nerve itself. I regret that I have not been able to follow up the cases in which I have seen this operation performed.

Other matters which might be interesting, crop up as I go on, but time does not permit my dwelling upon them now; such as the various operations for conjunctival transplantation, the new treatment of that opprobrium of surgery, granular lids, by De Wecker, etc., etc.

It suffices if I have shown that, since its great revival 30 years ago, ophthalmogy has not relapsed into slumber, and that the great names of Helmholtz, Donders and Von Graefe, will not be the only ones to live in the memory of those who interest themselves in this branch of surgery.

IRREDUCIBLE FEMORAL HERNIA.

BY A. B. ATHERTON, M.D., L.R.C.P.&S., EDIN., FREDERICTON, N. B.

E. M., æt. 44, female. Generally fairly healthy; has had some trouble with varicose veins and ulcers on leg. Femoral hernia appeared on right side six or seven years ago. During the last year she has had four or five attacks of strangulation, which were relieved after the return of a portion of hernia, chloroform being required more than once to assist in its reduction. There always remains a lump nearly as large as the fist, which is irreducible. Finally, she has become entirely incapacitated to do housework, as going about on foot gives rise to symptoms of strangulation. I may mention also, that just previous to menstruation and during the first day or so after it begins, she suffers a good deal of pain and soreness in the tumor, the pain running down the thigh. As she had become so unfit to do her ordinary duties as a housemaid, I advised an operation, and after some delay her consent was given.

Dec. 7, '81—Operation.—Chloroform given and assistance rendered by Drs. Coburn and Coulthard. A fold of skin was pinched up over the swelling and a bistoury run through it, making a vertical incision 2½ or 3 inches in length. After getting through subcutaneous fat, the hernial sac was soon reached; this being opened, its contents were found to be omentum, with something firmly adhering to it, which proved on subsequent examination to be a diminutive ovary with Fallopian tube attached. After separating adhesions to sac, these could not be returned and were therefore excised, their neck being ligatured with catgut. Catgut being scarce, I then tied the neck of the sac with silk and cut away the portion outside of ligature. Finally, a wire suture was put through borders of saphenous opening and neck of sac and the wound in the skin brought together with wire also, a small drainage tube being inserted at its lower part. Operation was performed with Listerian precautions and dressing of carbolized gauze applied. One quarter of a grain of morphine was given hypodermically. Ordered bits of ice to suck and milk in small quantities; also a suppository, containing half a grain each of morphine and ext. belladonna, to be used *pro re nata.*

Dec. 8—9 a.m.—Passed a pretty comfortable night. Did not use suppository; vomited a little, and had some eructations of wind; pulse 84, temp. 100° F. As there was some blood stain on dressing, I changed it under carbolic spray, removing the drainage tube.

Dec. 9—9 a.m.—Two suppositories used since yesterday morning, for pain and soreness. Slept well most of the night; vomited once this morning; pulse 68, temp. 99.5° F.

Dec. 10—9 a.m.—Rested well, one suppository being used at bedtime. Not much vomiting and less eructation of wind. Takes very little nourishment and desires but little; pulse 72, temp. 99.4°.

Dec. 11—10 a.m.—One suppository last night. Rested well; pulse 76, temp. 100.2°. Complains of dressing feeling stiff and uncomfortable. I therefore changed it under spray; wound looks well; only slight stain on inside gauze.

Dec. 12.—Took a drachm and a half of paregoric last night instead of using suppository. No vomiting for the last two days; pulse 88, temp. 99.6°.

Dec. 14.—One and a half suppositories used since the 12th; pulse 88, temp. 100°.

Dec. 15—9 a.m.—Some pain in back last night; also a chocolate-colored discharge, amounting to about ℥ss, came from vagina this morning; pulse 96, temp. 99 6°. *3.30 p.m.*—pulse 96, temp. 101.4°. Not much pain complained of. Wound dressed; no discharge; no redness of skin, nor marked tenderness on palpation; an induration of deep tissues, about three inches in diameter, however, was felt in the region of the wound. Sutures removed. On examination per vaginam, I felt no marked induration of roof of vagina, nor was there noticed any want of mobility of the uterus. I did not however push my examination, but touched the parts cautiously, and some slight change from the normal condition of the parts may have been present without my observing it. On withdrawing fingers, I found them covered with a thick purulent fluid, which the nurse stated was exactly like what had been discharged previously. Ordered hot vaginal douches of carbolized water three or four times in twenty-four hours.

Dec. 16—9 a.m.—Rested fairly without opiate. Had a dejection this morning, being the first since operation; pulse 96, temp. 99.6°.

Dec. 18—9 a.m.—Not much discharge for last day or two from vagina; pulse 72, temp. normal. Considerable discharge found on dressing, which was changed. Probe entered an inch in centre of wound. Discharge was of a thin dirty character, and the odor samewhat fæcal. A small drainage tube put in.

Dec. 21.—Discharge from wound is growing much less; none from vagina. Bowels moved yesterday; appetite improving; temp. normal. Has been taking a quinine mixture for a few days.

Dec. 25.—A sinus still keeps open, at the bottom of which is felt the wire suture. I therefore with some difficulty removed it.

Dec. 30.—Still slight discharge; pulse 80, temp. 98.8°.

Jan. 15.—Doing well; has sat up more or less for a week. Only a superficial sore now, the sinus having closed.

Jan. 28.—Wound soundly healed. No impulse felt by me on coughing, though patient herself feels something "give" at the point of hernial opening. A soft, easy truss applied.

April 20, '83.—Patient has been doing general housework as a servant for the last year or more. Rupture gives her no trouble, though truss is still worn. On examination, I find a distinct impulse on coughing, but no protrusion of consequence occurs. She is very subject to coughs and colds, and has suffered several times pretty severely from them during the year.

REMARKS.—There are two or three points in the above case worthy of notice. First, the rather uncommon presence of an ovary in the hernial sac, and its removal along with the omentum. Secondly, the occurrence of suppuration in the deep parts of the wound and the discharge of pus through, I believe, the stump of the Fallopian tube into the uterus and hence into the vagina. Suppuration in this situation would probably much more likely occur on account of air entering through the uterus to that part of the wound, especially as three or four inches of Fallopian tube were removed with the ovary. I believe that, under the antiseptic precautions used, there would have otherwise been no suppuration at all.

Thirdly, we have the return of the hernia to a certain degree after its apparent cure. This is a result only too apt to follow some time after any operation for its radical cure. Many patients after Wood's operation, who have seemed thoroughly cured at the time, subsequently suffer from a relapse. This has been told me by Mr. Wood himself, as well as by others who have frequently performed his operation. Besides, it is probable that the removal of the wire suture in my case helped to admit of the formation of another hernia. I had intended to leave the wire in the parts permanently, but suppuration having occurred, I feared lest it might not remain there quietly and therefore I removed it. It is very probable, also, that this operation of sewing up the hernial opening will prove more successful in obtaining a radical cure in cases of *inguinal* hernia, as the sides of the inguinal ring afford a better hold to the suture; and furthermore, there is more cellular tissue about it to aid by its thickening in closing the aperture. For these reasons Wood's operation proves more satisfactory in inguinal than in femoral hernia.

The other most fashionable operation at the present day for the radical cure, is the injection of a decoction of oak bark into and about the neck of the sac, so as to produce more or less inflammation and consequent deposit and organization of lymph, and thus close the opening. Which of the various operative procedures will prove best suited to fulfil its purpose, time must determine. In irreducible hernia, however, and in cases of strangulation in which a radical cure is attempted, there is of necessity none so suitable as that of suturing the sides of the ring, at the same time including the neck of the sac, and perhaps a stump of the omentum to assist in blocking up the hernial aperture.

REMARKABLE CASE OF OBSTETRICS—ABORTION AT TWO MONTHS AND QUADRUPLETS AT FULL TERM.

BY DRS. EDWARDS AND MCTAGGART, LONDON. ONT.

On the 21st of July of the present year we were called to see Mrs. S., of this city. Patient of small stature; English by birth; æt. 38; average weight, 100 lbs.; height, 5 feet, 1 inch. She is the mother of four living children, two boys and two girls—aged 12, 10, 8 and 7 years. There was nothing unusual at any of her previous confinements—never had an abortion before. On abdominal examination, we found the abdomen extremely enlarged and pendulous. We advised support from the shoulders. She told us that she was but five months *enciente*; but from her history and condition we assured her that she was seven months pregnant. Patient always enjoyed good health; menses always regular. She last menstruated on Dec 4th, '82. About seven weeks from this time she commenced to flow, which lasted for some three weeks; this was accompanied with pain. With a pain somewhat resembling a labor pain, something was expelled, which she described "as a lump of flesh with bloodvessels in it." To this "lump" was attached a short "string." At this she became alarmed and consulted a medical man, who assured her that she had had a miscarriage. He prescribed some medicine, which he said would check the flow and remove anything that might remain. From her account, the flow increased for a few days, but finally stopped.

From this time until Friday, Sept. 14th, '83, she has been, comparatively speaking, quite well, although distressed by the immense size and weight of the abdomen. On the above mentioned date she was delivered of four living children—two boys and two girls, the time elapsing between the birth of the first and birth of the last child being one hour and forty-five minutes. The weight of the male children exceeded that of the females by a few ounces, the weight of the males being 4 lbs. 9¼ oz. and 4 lbs. 3 oz., and that of the females 4 lbs. 6 oz. and 3 lbs. 13¾ oz. Labor terminated favorably, there being no hæmorrhage to speak of. There was but one placenta, and each cord was inserted at different places on its surface.

The quartette are now six days old, all healthy and able to nurse, and all bid fair to live. The mother is doing exceedingly well, having suffered no more exhaustion than if she had had but one child. We might here say that the father, Mr. C. S., is English by birth, æt. 41, height 5 feet 5 inches, and average weight 169 lbs., is a strong, healthy and robust man.

Correspondence.

To the Editor of the CANADA LANCET.

SIR, — As the accompanying communication, addressed by me to the editor of the *Medical Times and Gazette*, may be regarded as an "*open letter*," may I ask the favour of its presentation in your pages. It is very improbable that the *Medical Times and Gazette* will award to it the requisite space for its appearance uncurtailed, if at all. I am not however anxious as to the impression made by the criticism of the *Medical Times and Gazette* on the other side of the Atlantic, but as many of your subscribers no doubt read this British journal, I deem it but just to them, and due to myself, to afford them the means of judging fairly of the grounds on which its editor rested his criticism of my translation of Professor Golgis' very important work.

Respectfully yours, &c.,
JOSEPH WORKMAN.

Toronto, Sept. 15, 1883.

To the Editor of the Medical Times and Gazette.

SIR,—A professional friend has placed in my hands your number for July 14th, in which, at page 54, in your notice of the April number of the "Alienist and Neurologist," you have alluded in rather severe terms to my translation of Professor Golgis' memoir on the minute anatomy of the central nervous system. I am hardly surprised that my rendering of Prof. Golgis' excellent work has evoked your displeasure, because of my too close adherence to the text of the author, for in truth I have, since the appearance of my translation in print, been myself dissatisfied with it, and I feel grateful to you that you have been so merciful as to ascribe its defects to my "ignoration," rather than to my ignorance of "the structure of the English language."

Presuming, as from your allusion to my "anxiety to produce a literal transcript of the author's words," (an impeachment whose justice I most frankly admit, for I think that in works of science this is always the safest and most just rule), I am warranted in doing, that your knowledge of the Italian language enables you to speak authoritatively in this matter, I may with fair expectation of some mitigation of your censure, appeal to your candour as to the great difficulty, or indeed, in numerous instances, the extreme perplexity encountered by English scholars, in reducing into decent English verbal order, long and complex, and sometimes even simple Italian sentences, for as you must well know, our greatest embarrassment is not in lighting upon the equivalent English words, (though even this is sometimes unattainable), but in arranging them in that order of relation and sequence, which best accords with that of our own less systematic idiom. I freely admit my defects in this relation, but I trust you will not be so harsh as to disregard my appeal to your English manliness, when I tell you that the state of my constitutional powers, now that I am on the verge of four score years, did not permit of my writing out a second or revised copy of my version, which went to the printer just as it had been thrown off, *currente calamo*, and you must well know that nothing less than a patient and studious revision could have enabled me to turn out my work in passable English garb; indeed, I hesitate not to confess that I might have failed in pleasing even myself with only this amount of emendation, and how much more certainly must I have failed in securing your eminent approval! I must, however, with all becoming deference to your conceded high authority, demur to your charge of unintelligibility, especially as illustrated by your citation of the Alienist's outlandish phrase, "complècate nervous anastomose." Might you not, without any perilous overstretch of charity towards me, or risk of injustice to the printer, have reasonably added this blunder to the others which you have justly attributed to him, or his proof-reader? To have so done would really have been giving the devil his due. I cannot better convince you of this than by enclosing in this letter the veritable lines of my M.S. in which the true words occur. You will thus see that I never wrote either *complècate* or *anastomose*, and you will further see that the printer has split up my sentence and made two where I had only one,—nay, even worse, he has commenced a distinct *paragraph* with the unwarrantable doubling of the word anastomoses, which you will see was plainly written both at the bottom of my page 22, (as has, for additional security of proper sequence, been my invariable rule), and at the top of page 23, with a small *a*, and was followed by a very plain comma.

The following is a transcription of the lines above mentioned, enclosed in my letter to the editor of the *Medical Times and Gazette*:—"Above all, for the reflex phenomena, it appeared to be a quasi absolute necessity to admit complicate nervous
anastomoses

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anastomoses, which, indeed, had been already admitted, before histologists, by means of particular minute researches, engaged in the work of verifying their real existence."

Now, when you had under your eyes such a crowd of blunders palpably ascribable to the printer, might not the very apposition here apparent in the repetition of the word, in its true form, have averted the causticity of your criticism, as well as have delivered you from the temptation of indulging in that ill-disguised sneer at "good American"?

I "must protest" against this unbecoming national haughtines, for though not, either by birth or residence an American, I have learned to hold in high esteem both the nation and its literature. I can now still less reluctantly than before admit the pertinence of the following distich, which I recently found in a very clever poem by an English writer, who had travelled much, and had resided long abroad :

> "All that's not English in *our* eyes
> Is something to sneer at, and jeer and despise."

But now that I have said so much in self-vindication, both honour and honesty prescribe to me the duty of relieving the printer from blame with regard to the word "dicotomically." You very properly supply the correct word "dichotomously." If you will be so good as to turn to Golgis' article in the Rivista Sperimentale, you will see that on page 178, anno viii, the Italian word used by him is "*dicotomicamente.*" Whether my transformation of Golgis' last four syllables into my three—mi-cal-ly—was the result of ignorance, haste, or unconscious cerebration, I cannot now venture to say. We are all liable to be led by the nose, and perhaps some still more by the eyes. You move along docilely in Grecian fealty; I have fallen into Italian servilism; still my deviation from classic propriety has not, I believe, resulted in obscuring the sense of the author. We have a goodly assortment of English adverbs terminating similarly, and as I believe, without violence to etymological propriety. Besides, I had not to fear that I was writing for a people who require the aid of a cold chisel to get a thing into their heads. Americans are wonderfully shrewd *guessers*. Most truthfully I can say I never dreamed that the editor of the *Medical Times and Gazette* would condescend to notice anything coming from a rude Canadian.

But, you will ask me, what of that omitted h? Do not be too exactive. My paternal forebearers were English, and you, I doubt not, are so far a Darwinite as to believe in *atavism*, consequently you will admit that I may sometimes be oblivious as to the claims of this sadly maltreated aspirate; your cockney brethren take all sorts of liberties with it, killing it where it should be allowed to breathe, and dragging it from its slumber to the front, where not only should its absence be excused, but its presence sternly prohibited. You must, as an Italian scholar, admit that the people of the old peninsula have been ten thousand times more merciful than your brethren, for, as a living *sound* they utterly repudiate it; and so in truth do you in "dichotomous"; I bet you do not pronounce that ch, (which in truth should be gh), as the Greeks did their x; or if you do sound it as they did, then I shall know where to locate your nativity. The Italians do not, however, as you know, repudiate the character. They make a very good use of its preserved bones, as a stiffening to their c and g, when these letters might otherwise fall into a limpness out of accord with their radical vocal identity. In this they very closely resemble your War Department, which, on certain occasions, when some nobodies "blundered," called on Hibernian generals to give firmness, pluck and dash to your armies; witness Arthur Wellesley and Garnet Wolsley.

I must now entreat your pardon for so long a trespass on your valuable time, and so trying an exercise of your patience. Pray do not for a moment suppose that I shall look for any *amende.* Forgiveness is the Christian duty of the injured; the injurer cannot forgive.

I have the honor to be,
Your instructed reader,
JOSEPH WORKMAN, M.D.

P.S.—If you have chanced to see in the July issue of the Alienist and Neurologist, a translation (so called) of certain "conclusions" of Binachi, pray heap not Ossa upon Pelion, by deeming me the perpetrator. J. W.

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(To the Editor of the CANADA LANCET).

SIR,—In the announcement of the Toronto School of Medicine for 1883-84 the following statement appears: "The students of the Toronto School of Medicine have always taken a high standing at the various examinations they have been called on to undergo; and at the examinations in 1883 of the Toronto University, where they met in friendly competition the students from all affiliated institutions, they succeeded in obtaining five scholarships out of six, all the medals, and one hundred and twenty honors, out of a total of one hundred and fifty-six which appeared on the class lists."

This is a most unfair and unwarranted representation, for before such a statement of comparative merits as the foregoing can be made the conditions must be the same, *first*, with respect to the number of candidates from each of the affiliated schools; *second*, with regard to the number of competitors from the affiliated schools in each of the examinations included in the result stated, and, *third*, with regard to the relation each of the schools stands to the examiners.

With respect to the first point, instead of there being an equal number of candidates from each of the schools taking the first, second, third and fourth year's examinations, three-fourths of the total number were from the Toronto School of Medicine and only one-fourth from "all other affiliated institutions." Hence it follows that the Toronto School must win three-fourths of the honors before they could claim anything more than equality. They however leave the reader to infer that what their students won in excess of "all other affiliated institutions," was due to superior training.

2nd. In the fourth year's examination there were no candidates except from the Toronto School of Medicine, and as only fourth year candidates are eligible for medals, it is therefore not true, as implied in the statement, that the Toronto School students met in friendly competition the students from "all affiliated institutions" and obtained all the medals. In 1822, the students of the Toronto School did meet in friendly competition students of another school in the fourth year's examination, with the result that the Toronto School students did not obtain either of the two gold medals.

3rd. In the first and second year's examination, the examiner on Anatomy was a lecturer on that subject in the Toronto School of Medicine; and in the first year, the examiner on Biology and Comparative Anatomy was also the teacher of those branches in the same school; so that the students of the Toronto School of Medicine had the advantage over all others, of being examined by two of their teachers on the subjects they teach, and the students of other affiliated institutions labored under the disadvantage of being examined in these branches by the teachers in a rival school. This is not to be understood as a charge of partiality against these examiners, for the candidates are not known by name; but it is a fact well known to those who have experience in teaching, that pupils will make a higher percentage on any subject when examined by their teacher than when examined by a stranger.

Enough has been stated to prove the unfairness and untruthfulness of the statement referred to. There is, however, another feature of this "college announcement" which I wish to allude to, as it appears to me to be a very striking instance of "professional advertising." By way of contrast, compare the following examples of the "puff direct."

I. Dr. M. Souvielle, of Paris, founder of the celebrated International Throat and Lung Institute, during his late visit to London, Paris and Berlin, secured the services of a number of eminent specialists, to assist in his present great work. Thousands of cases even in advanced stages of catarrh, bronchitis, asthma and consumption are being cured yearly by these specialists, etc. *Case.* F. C., consulted several well-known physicians, but received no benefit. He finally came to the above Institution and was cured in three weeks. *(Advt.)*

II. Ontario Pulmonary Institute, M. Hilton Williams, M.D., M. C. P. & S. O., Proprietor. "Permanently established for the *cure* of all diseases of the head, throat and chest, including catarrh, bronchitis, asthma, consumption, etc., etc. During the past eighteen years we have treated over 40,000 cases of head, throat and lung troubles." *(Advt.)*

III. "The students of the Toronto School of Medicine have always taken a high standing at the various examinations they have been called on to undergo; and at the examinations in 1883, of the Toronto University, where they met in friendly competition the students from all affiliated institutions, they succeeded in obtaining five scholarships out of six, all the medals, and one hundred and twenty honors out of one hundred and fifty-six which appeared on the class lists." (Announcement of the Toronto School of Medicine.)

Of the three exampies the last one is the most glaring, coming as it does from the Faculty of the oldest Medical School in the Province. If those who have the training of medical men can set such an example with impunity, why ostracize individual members of the profession for vaunting their skill and cures in the press or in circulars.

Yours, etc., PRACTITIONER.

LONDON, Sept. 15th, 1883.

To the Editor of the Canada Lancet.

SIR,—No doubt your subscribers are aware of the action-at-law for $10,000 damages which the Spirometer men contemplate against two of the most valuable and energetic members of the Medical Council, for language used while discussing one of the various subjects coming under their jurisdiction as our medico-legal councillors. I venture to express the hope that, inasmuch as these gentlemen give their time and services gratuitously year by year, for the benefit of the general profession; and as it is clearly the "free advertising" the concern is after by such a move, their defence will be provided for from the funds contributed by the general profession to the Council.

It is also to be hoped that, when one or two of their brethren are attacked, the other councillors, whose sentiments and opinions these gentlemen so plainly and emphatically uttered, will have the manliness to stand up and support them, as is their duty, and not raise up earthworks of trifling technicalities behind which to entrench themselves We can assure such gentlemen that their actions will be very easily given their proper value by their supporters in the profession. I write this latter part, having to my surprise heard of a "weak brother" to-day.

Yours, etc.,

CONC. CRESC.

Toronto, Sept. 7th, '83.

Reports of Societies.

CANADA MEDICAL ASSOCIATION.

(Held in Kingston, Sept. 5th, 6th and 7th, '83).

The sixteenth annual meeting of the Canada Medical Association took place in Kingston on the 5th, 6th and 7th ult., under the presidency of Dr. Mullin, of Hamilton. In the absence of the Treasurer, Dr. Sheard was appointed in his stead. The Association was welcomed by the Mayor of Kingston on behalf of the city, Prof. Williamson on behalf of Queen's College, and Dr. Sullivan on behalf of the profession. The following delegates and visitors were invited to the platform: Dr. Hunt, Pontiac, Mich.; Dr. Walker, Detroit; Dr. McLean, Ann Arbor, Mich., and Dr. Dorland, Milwaukee; also ex-presidents and vice-presidents of the Association. After routine, the reports of committees were called for.

Dr. Canniff, chairman of the committee on "Sanitation and Vital Statistics," reported that the committee had not met because, as chairman, he had been frustrated in continuing the efforts by which the Medical Association had succeeded in inducing the Government to grant a sum of money for the purpose named. While he was kept in ignorance of the steps that were being made to confer with the Government, other Toronto men were appointed, and, only on explaining the relationship of Dr. Canniff in attempting to secure a Government grant was he placed on the deputation.

Explanations were made by Dr. Playter and Dr. Larocque. They said there had been no intention to ignore the committee. The report was adopted.

Dr. Larocque, of Montreal, presented the report of the committee on "Climatology and Public Health." The report exhaustively discussed the best means of protecting the public health. The report was received and a vote of thanks accorded to Dr. Larocque.

Drs. Botsford, Fenwick, Grant, Graham, Rodger, Bray, Worthington, Malloch, Oliver, Tye, Sweetland, Canniff, Oldright, Yeomans and the President were appointed the Nominating Committee.

Dr. Metcalf invited the Association to visit the Asylum, at their convenience.

In the afternoon session the President delivered his address, of which the following is an abstract. He thanked the members for electing him to the high position. The honor might have justly passed to others, but as he had been elected he would do all in his power to discharge the duties. He referred in feeling terms to the demise of Dr. David, of Montreal, Dr. Campbell, of Montreal, and Dr. Thomas Watson. Some had thought the itinerancy system was opposed to the Association's usefulness, but he held that advantages had been derived from every place where they had met. They met now in this old city, the very cradle of civilization of the Western section. Every member recognizes that the institutions of this city remain worthy of Eastern Ontario and exercise their influences over the youth of the present with increased vigor corresponding to the growth of the country. He then alluded to some of the investigations recently made respecting the influence of minute organisms in causing disease. Lister stands foremost in advancing this branch of professional knowledge. His antiseptic method of treatment may not be, and indeed is not considered by himself an ultimate result beyond which it is impossible to pass, but the great merit of his work is, he first called attention to the agencies which effect the decomposition of organic substances. The modern treatment of wounds shows the pressing importance not only of preventing decomposition, but of recognizing what are its causes. Many successful practitioners agree with Dr. Gamgee, who says, "That he has never been troubled with the idea that infection is alway floating in the atmosphere, ready to settle in the shape of impalpable and implacable germs into any breach which may be made in the surface of a living body, and that he believes life to be the great antiseptic."

As regards the practice of medicine, it is an important though difficult question to determine to what extent vegetable forms operate in the production of ordinary fevers. Dr. Murchison, in '75, at the Pathological Society, pointed out a chemical process having resemblances to the multiplication of contagion. Several fermentations are recognized to be due to the growth of distinct vegetable forms. May not decayed or changed albuminous compounds act as similar ferments when introduced into the fluids of the body? Fever producing agents, it is now well recognized, find a ready vehicle in water, but the separation of the active agent from the liquid is difficult, though recent experiments seem to show not impossible. Dr. Burdon Sanderson, by precipitating with alcohol and then extracting with water, obtained an extract which caused fever. He has ascertained that no animal poison is really soluble, and adopts a plan of filtering through porcelain, by which a filtrate is obtained that does not produce fever. The first filtrate has no bacteria, but particles are seen in it. An hour after, bacteria are found in considerable numbers. The filtrate through porcelain shows no bacteria, and twenty-four hours afterwards remains barren. Now here the natural inference is, that the fever producing agents are to be found in particles, and yet it is possible that an animal fluid in passing through the fine cells of porcelain may be chemically changed and that the absence of fever-producing energy is due to this change. It is well understood that all bacteria found in diseased tissues are not to be regarded as causes of disease. When an animal fluid begins to decompose bacteria are seen, and the forms of vegetable life which appear depend upon the composition of the fluid. One specimen of urine will show the bacterium termo; if sugar be present, the torula cerevisiæ also appear. In other specimens small round cells appear, sometimes isolated, at other times in chains. So also it is probable that, according to the tissue decomposing, different forms of bacteria are present, each form as it were choosing that tissue most suitable for its growth. Hence, even if after death bacteria are found in any tissue, they cannot at once be regarded as causes of disease. It may be that in the dying body, the bacteria infesting the surface of the body and mucous-lining of the intestines in innumerable multitudes, may pass inwards to lay hold of the elements that are dead before the life of the whole body has ceased. This may serve to explain how it is that in different diseases similar forms of bacteria appear. It has been suggested that after all the diversity which is seen in fevers, several may depend upon the same bacteria, modified in the course of time with the circumstances of its growth. Dr. Ogston has unquestionably shown that in cases of acute suppuration attended with fever, certain forms of micrococci are invariably present. He found that micrococci taken from an acute abscess and carefully transferred to the albumen of an ordinary fresh egg reproduced themselves in myriads. He also found that if the minutest portion of this albumen were injected under the skin of a healthy animal, similar abscesses resulted, abounding with micrococci. Ogston's experiments prepare us to receive the recent teaching regarding the cause of tubercular disease. This disease brings with it conditions favorable to the growth of bacteria, for parasitic growths are known to flourish in weak organisms. The breaking up of tissues incident to this disease also furnishes most fertile soil for the growth of bacteria. It may be true, as affirmed, that the bacillus is invariably present in cases of tubercle. This the above considerations would lead us to expect, without looking to it as the sole cause of the disease.

Many questions respecting these minute organisms and their influence in life and disease are still to be settled, but their study has unquestionably led to much improvement in the practice of the healing art. Our efforts to combat disease must to a very great extent depend upon our success in teaching the public to rely less upon antidotes and more upon those means which tend to build up strong bodies capable of resisting the agencies causing disease.

Dr Tye, of Chatham, was appointed chairman of the surgical section, Dr. Gardner, of Montreal, secretary; and Dr. Graham, of Toronto, chairman of the medical section, and Dr. McDonald, of Montreal, secretary. The meeting then divided into sections.

MEDICAL SECTION.

Dr. Graham in the chair.

Dr. Playter read a paper on "Diet as a Therapeutic Agent." He thought a very large proportion of the cases of sickness which engage the attention of physicians is caused by errors in diet; especially were diseases of the digestive organs, liver, and kidneys and also the gouty and rheumatic diathesis thus caused. Such diseases, though, enrich the quack more than the regular physician. He would enquire very closely into the usual diet of all such patients and often a radical change in diet is a sufficient remedy.

Dr. Reeve, of Toronto, said he believed many cases of phlyctenular ophthalmia in children were caused by overeating of fresh fruit.

Dr. Graham referred to the influence of food in skin affections, acute attacks depending frequently upon peculiar sorts of food, and chronic cases upon either a defective or excessive diet.

Dr. Grant, of Ottawa, urged the importance of combining massage with regulation of diet.

Dr. Sheard, of Toronto, exhibited a specimen of "Invaginated and Gangrenous Bowel." The patient, a man aged 37, had a right inguinal hernia, with symptoms of obstruction. Hernia was reduced without much difficulty, but the symptoms of obstruction continuing and becoming urgent, Dr. Burns opened the abdomen, and found the tumor to be an invagination of the ileum into the large bowel, which could not be reduced. On opening the cæcum, about seven inches of gangrenous bowel was found. The hernia was entirely omental, and not in any way connected with the obstruction. The gangrenous bowel was drawn through the opening in the abdomen and secured there. Patient died of shock in a few hours. Dr. Sheard considered this a suitable case for excision of the strangulated portion of bowel.

Dr. Osler said recovery sometimes took place by the sloughing of the piece of small bowel invaginated.

Dr. Mullin said that in cases of obstruction from any cause, he would treat the acute symptoms in preference to operating.

Dr. Botsford, of St. John, N.B., read a short paper on "Inflation of the Lungs by Abdominal and Thoracic Traction." His method was to draw the abdominal walls forwards, by means of pieces of plaster 4x4, thus leaving a vacuum which would be filled by air entering the lungs. Had not tried it practically, but thought it would be useful in chloroform accidents, drowning etc.

Dr. Mullin thought valuable time might be lost, and preferred the old methods of artificial respiration.

Dr. Burnham, of Toronto, had given anæsthetics in the Royal Ophthalmic Hospital in a great many cases and never saw a death. In cases of accident always relied on artificial respiration, with inhalation of nitrite of amyl.

Dr. Grant said that in a recent case he lowered the head with good results.

Dr. Dorland, of Milwaukee, read a paper on "Successive Dropsies of Amnion always Specific." He gave the history of six women he had attended who had suffered from this affection. In all, evidence of syphillis could be obtained. In some of the cases specific treatment succeeded in preventing this condition in subsequent pregnancies. He had some of the patients under his observation for years.

Dr. Mullin narrated a case in which, with a syphilitic child, the amount of liquor amnii was very large. Dr. Yeomans and others mentioned instances in which there was no suspicion of syphilis.

Dr. Dupuis, of Kingston, read a paper on the "Relation of Medical Men to each other, and to each other's Patients," which was largely a plea for no code in medicine. He did not approve of the new comer calling on those already settled in the place, and favored holding the consultation in presence of the patient and his friends. He considered it proper to give an opinion concerning the patient of another practitioner without consulting with him. He would take all the cases he could get without reference to previous attendant. To report cases of operation or extraordinary cures in the papers was, he thought, quite justifiable, as he considered it different from advertising. Medical men should report their cases as well as the lawyer his speeches, or the clergyman his sermons.

Dr. Harrison, of Selkirk, Dr. Canniff, of Toronto, and Drs. McCammon and Oliver, of Kingston, disapproved of the opinions expressed by Dr. Dupuis.

Dr. Metcalf read a paper on "Hyoscyamine in the Treatment of Mental Diseases." He gave the results of six years' experience with the drug in the Kingston Asylum. He used Merck's crystalline preparation hypodermically in from one-twelfth to one-eighth of a grain. It was prompt and efficacious, and no ill-effects had followed its use in sixty cases. It was especially advantageous in all forms of maniacal excitement. If after a few doses no benefit followed, the drug was discontinued.

Dr. Hurd, of Pontiac, corroborated Dr. Metcalfe's opinions.

Dr. Daniel Clarke, of the Toronto Asylum, recommended the drug in cases of delirium tremens, acute mania, and melancholia with suicidal tendency. He used Merck's preparation, and also the tincture (B. P.), as much as one and a half ounces. He had found the greatest benefit in acute mania.

Dr. Thorburn, of Toronto, suggested caution in the use of large doses.

Dr. Troutman, of New York, placed great reliance on the drug, but thought it was contra-indicated in acute delirium with dryness of tongue and muscular tremors; also in general paresis.

Dr. Graham, of Toronto, read a paper on "Leprosy in New Brunswick." The inhabitants in this region, chiefly French-Canadians, are very poor, live on small farms, and engage in fishing and hunting. The diet is mainly fish, potatoes and bread, with but little meat. The disease first appeared in 1820, among a family that came from Caraquet. At present there are only twenty-four patients in the Lazaretto, and the average length of residence is five years. A few cases are at large, and it is chiefly through the influence of the priests that they are detected and secluded. His conclusions are as follows:

1. Although it has been shown in other countries that the disease can be propagated purely by hereditary influences, no case has yet been recorded in Tracadie, so far as he could learn, which would prove that theory.

2. That the disease was imported from without, and, finding favorable surroundings, it spread from one to another by contagion. In order to contract the disease, certain conditions appear necessary: (*a*) low state of the system; (*b*) to belong to a certain race or family; (*c*) prolonged contact with leprous persons.

SURGICAL SECTION.

Dr. Tye, of Chatham, Ont., in the chair.

Dr. Fenwick, of Montreal, read a paper on "Imperforate Anus with Fœcal Fistula." He first alluded to the various forms of this anomaly, and then described a case upon which he had operated successfully. There was a small opening at the site of the anus, and another in front of the scrotum at the root of the penis. The former was the result of an operation for imperforate anus, shortly after birth. He enlarged the opening, completely divided what appeared to be the continuation of the bowel forward to the scrotum, and stitched the bowel to the edges of the wound. The result was most satisfactory.

Drs. McLean, Holmes, Bethune, Campbell, and Walker took part in the discussion.

Dr. Worthington, of Clinton, Ont., then read a paper on "Retroversion and Retroflexion of the Uterus." He alluded to the general condition briefly, and then gave the notes of four interesting cases. In the third case, immediately on commencing a vaginal injection of hot water, the patient was seized with violent pelvic pain and symptoms of collapse, followed by a severe attack of peritonitis, and lasting for several days, but ending in recovery. The cases were treated by the Hodge-Smith pessary.

Dr. Gardner, of Montreal, alluded to the difficulty in treating such cases. In certain cases he thought it might be justifiable to adopt Lawson Tait's plan of suturing the fundus of the uterus to the abdominal wall. In regard to the collapse in one of the cases, he thought it was due to the contact of water, a foreign element, with the endometrium. The nozzle of the syringe should not have an opening at the end.

Dr. Holmes recommended a fountain syringe, the nozzle of which has no central aperture. He never uses the sound to replace the uterus, but places the patient in the knee-elbow position and makes pressure upon the fundus with two fingers in the vagina.

Dr. Fulton recommended mild medicated solutions in preference to plain water, for vaginal douches, as being less irritating. He also endorsed the plan of replacing the uterus by position and the fingers in the vagina or rectum.

Dr. Hingston, while agreeing in the main, deprecated such heroic measures as those alluded to by Dr. Gardner. He thought it was not justifiable unless in the most extreme cases.

Dr. Tye alluded to two cases where fatal results followed the use of vaginal injections.

Dr. Campbell, of Seaforth, next read a paper on "An Anomalous Case of Strangulated Femoral Hernia." The patient was not operated on for three and a half days after the onset of the symptoms because of certain peculiarities in the case. Taxis was tried, but without success; but owing to the mildness of the symptoms, the operation was postponed, after due consultation and deliberation, for the time mentioned.

Dr. Roddick thought surgeons were too timid in regard to the amount of force to be used in taxis, and recommended mnch more than is usually applied.

Dr. Fenwick stated that Prof. Lister operates by cutting off the sac and suturing the edges of the incisions, with good results, by way of radical cure.

Dr. Saunders, of Kingston, thought Dr. Roddick's advice might lead to serious consequences in some cases.

Dr. McLean, of Ann Arbor, believed a new era was dawning in the treatment of hernia, and that operations for the radical cure would soon be more frequent than they were now.

Dr. Sullivan thought it unadvisable to wait in all cases for urgent symptoms.

Dr. Bethune instanced a case of radical cure of hernia after a kick on the truss which the person was wearing.

Dr. Sloan found it necessary, in some cases, to use considerable force in the taxis.

Dr. Hingston emphasized the importance of operating early. First use taxis under chloroform; and if it fail, operate at once.

Dr. McDonald, of Londonderry, N.S., read a paper on "Paracentesis Pericardii." He aspirated near the site of the apex of the heart, in the 5th intercostal space, and removed 32 ounces of slightly turbid serum. The patient made a good recovery. (This paper will appear in a future issue.)

Dr. James Bell, of Montreal, next read a paper on "Resection of Intestine." The paper consisted of the reports of fourteen cases of experimental resections of portions of the intestine of dogs. Of the 14 dogs operated upon, four died from preventable causes, one escaped on the fifth day after the operation, and nine recovered. From three to thirteen inches of different regions of the bowel were removed, including in one case the cæcum and portions of the gut on either side. The ends of the gut were united in some cases by catgut, and in others by silk sutures, and no attempt was made to remove the mucous membrane so as to bring the cut surfaces of the outer coat into accurate contact. The portions of bowel which had been thus united were exhibited and showed perfect union. The writer considered the operation an easy and a safe one, and predicted that in the near future it would be generally recognized as such, and many lives would be saved by it.

Dr. Bell was complimented by several speakers on the originality of his paper.

Dr. Sheard, of Toronto, exhibited a specimen of intussusception of the bowel, and said that, in his opinion, the patient might have been saved by an operation of the kind performed by Dr. Bell in his experiments on the dogs.

The section then adjourned.

SECOND DAY.

The Association met at 10.30 a.m., the President in the chair. Minutes of the last meeting read and confirmed.

Dr. Fulton, of Toronto, read the report of the Committee on Necrology. A large number of members had died since the last meeting. Some of those who had passed away were comparatively young, others well advanced in years, but the majority of them were between the ages of 40 and 60 years. Two or three were painful instances of self-destruction by alcohol and drugs. The list contained 38 names.

Dr. Thorburn, of Toronto, presented the report on education. He referred to the establishment of schools for women in Toronto and Kingston. He also congratulated the profession of New Brunswick on the steps to advance medical education, by establishing a medical council and examining board.

MEDICAL SECTION.

Dr. Graham in the chair.

Dr. Tobin, of Halifax, N.S., read a paper on "Pigmentary Degeneration of the Retina." He gave a case of four deaf-mutes in one family, all of whom presented characteristic symmetrical changes in the eyes in the form of scattered pigment masses on the retinæ, often in stellate forms. The parents were cousins, and he was inclined to believe that a considerable portion of cases occur as the result of consanguineous marriages.

Dr. Buller, of Montreal, had seen very many instances of the kind, and had never succeeded in tracing any connection between consanguinity and pigmentary degeneration; nor had he been more fortunate in trying to associate such cases with hereditary syphilis.

Dr. Fife Fowler, of Kingston, showed a child with enlargement of the smaller joints, wrists, ankles, and phalanges, due apparently to effusion. There had been enlargement of the spleen and the child had been ailing for many months.

Dr. Burnham, of Toronto, showed Dr. Mortimer Granville's percuteur, and explained its mechanism. He had brought it from London for a lady affected with persistent tic, which had resisted all modes of treatment, but had been greatly relieved by the use of the percuteur. About one hundred and fifty percussions were made in the second. Dr. Granville had found it very efficient in neuralgias and the lightning pains of tabes.

Dr. Osler read a paper on "Some Features in Chronic Bright's Disease." He referred to its latency at the outset, often simulating other diseases, to the peculiarities in the mode of onset of the uræmic symptoms, and to the fact that patients frequently die with profound uræmic symptoms, highly albuminous urine, and numerous casts, yet, on *post mortem* examination, no coarse changes can be made out. He gave cases in illustration of each.

Dr. Graham spoke of the use of the sphygmograph in the detection of the disease. He referred to a case in which there was very little albumen, no diminution in the amount of urea, yet the patient died in five weeks.

SURGICAL SECTION.

Dr. Tye, of Chatham, in the chair.

Dr. Holmes, of Chatham, read an interesting paper on "Erosions of the Female Urethra." He had tried various plans of treatment, such as division of the urethra, stretching, etc., but found most benefit from injections of nitrate of silver. He asked for information regarding the etiology of such cases.

The paper was discussed by Drs. Fulton, Hingston and Sheard.

Dr. Hingston, of Montreal, showed to the Section a *note-book* which he had prepared *for ovarian and abdominal tumors*, and which he thought might be of some service.

Dr. Major, of Montreal, read a paper on "Naso-Pharyngeal Growths," and the modes of removal. Several interesting specimens were shown.

Dr. Oldright, of Toronto, read the notes of a case of "Fibro-Myxoma," and showed the specimen.

Dr. Proudfoot, of Montreal read an exhaustive paper on "Color Blindness," and exhibited Thomson's instrument.

The following papers were read by title: "Common Errors in Ophthalmic Practice," by Dr. Buller, Montreal; "Notes on Intra-Uterine Growths," by Dr. Gardner, Montreal; "Spindle-Celled Sarcoma," by Dr. Sheard, Toronto.

The afternoon and evening were spent in an excursion among the Thousand Islands.

PUBLIC HEALTH SECTION.

Dr. Sweetland, of Ottawa, was appointed chairman. Dr. Campbell, of Seaforth, secretary.

Mr. Boxer, C. E., of Montreal, was asked to address the Section and state what steps had been taken by way of organization.

On motion of Dr. Oldright, seconded by Dr. Robillard, of Ottawa, it was decided to organize a Canadian Sanitary Association, and Mr. Boxer presented a scheme for its establishment. The meeting then adjourned.

After assembling Dr. Playter read an address, and was followed by Mr. Boxer, who gave a report of the provisional conference held in Ottawa in December last.

Dr. McDonald, of Londonderry, N.S., moved the inauguration of the Society, seconded by Dr.

Oldright. The following officers were elected:—President, Dr. Sweetland, Ottawa. Secretary-Treasurer, F. N. Boxer, Montreal. Vice-Presidents, Ontario, Dr. Covernton, Toronto; Quebec, Dr. Roy, Quebec; New Brunswick, Dr. Botsford, St. John; Nova Scotia, Dr. Macdonald, Londonderry; Prince Edward Island, Dr. Conroy, Charlottetown; Manitoba, Dr. Lynch, Winnipeg. Executive Committee for Ontario, Prof. Galbraith, Toronto; Prof. Harris, Kingston; Dr. McCammon, Kingston; Dr. Oldright, Toronto. For Quebec, Dr. Larocque, Montreal; Dr. Rinfret, Quebec; Ald. Fairburn and Mr. Hughes, Montreal. For Nova Scotia, Hon. Dr. Parker, Halifax; T. Slewen, C. E., Antigonish. For New Brunswick, Dr. Harding.

MILITARY SURGEONS.

A number of the militia surgeons present held a meeting to consider the position of medical men in the force. Dr. Fenwick, of Montreal, surgeon of the Montreal Garrison Artillery, occupied the chair, and Dr. Neilson, of "B" Battery, acted as Secretary. It was pointed out that medical officers had no status, no positive rank, their presence amongst the officers being by courtesy. Some recommended that in the Militia Department there should be officers holding rank equal to Deputy Adjutant-General. Instead of the colonel of the regiment appointing the medical officer it should lie with the Deputy Adjutant-General. There should also be medical officers attached to each military district in charge of the stores, with instructions to issue them to the regimental officers, these to be responsible to the Deputy Adjutant-General. Their rank ought to be the same as in the United States army. Touching camp equipments, they were considered very meagre and unfitted for the service. There were practically no appliances for a doctor to work with. The pay, it was felt, should be better. A committee, composed of Drs. Bristol, Napanee; Thornburn, Toronto; Neilson, Kingston; Gardner, Montreal; and Ruttan, Napanee, was appointed to prepare resolutions embodying the views which had been expressed, which were adopted and ordered to be sent to the Minister of Militia. The resolutions also urge the advisability of changing the titles and designations of Canadian medical officers so that they will correspond with those held by the medical officers of the British service, thus: Surgeon, instead of Assistant-Surgeon, Surgeon-Major instead of Surgeon, Brigade-Surgeon instead of Surgeon-Major, Deputy Surgeon-General, etc.

Interesting exhibits of elegant pharmaceutical preparations were made by Wyeth Bros., of Philadelphia; Maltine Manufacturing Co., Reed & Carnrick, New York; New York Pharmacal Association; also of surgical instruments by Stevens & Son, and E. A. Smith & Co., Toronto.

THIRD DAY.

The Association met at 10.30 a.m., Dr. Mullin in the chair.

A number of papers were taken as read, and handed to the secretary.

Dr. Saunders, of Kingston, called the attention of the members to a remarkable case of tumor of bones of the skull in a child in one of the anterooms. The Nominating Committee reported the following list of officers for the ensuing year:

President—Dr. Sullivan, of Kingston, Ont. *Vice Presidents*—Ontario, Dr. Thorburn, of Toronto; Quebec, Dr. Robillard, of Montreal; New Brunswick, Dr. J. Christie, of St. John; Nova Scotia, Dr. McDonald, of Londonderry; Manitoba, Dr. Lynch, of Winnipeg. *General Secretary*—Dr. Osler, of Montreal. *Treasurer*—Dr. Sheard, of Toronto. *Local Secretaries*—Ontario, Dr. Bray, Chatham; Quebec, Dr. Bell, Montreal; New Brunswick, Dr. Coleman, St. John; Nova Scotia, Dr. Black, jr., Halifax; Manitoba, Dr. Betts, Winnipeg. *Auditors*—Drs. Walker, Dundas; and Yeomans, Mount Forest. *Committee of Arrangements*—Drs. Hingston, F. W. Campbell, Ross, Roddick, Lachapelle, Gardner, and Rodger, with power to add to their number. *Publication Committee*—Drs. Ross, Cameron, Fulton, and Sheard; *Medicine Committee*—Drs. Graham, Ross, Oliver. *Surgery Committee*—Drs. Roddick, Atherton, Tye; *Obstetrics Committee*—Drs. Lavell, sr., Holmes, Lawson. *Therapeutics Committee*—Drs. G. Wright, Stewart, Small. *Necrology Committee*—Drs. Fulton, A. Wright, J. C. Cameron. *Education Committee*—Drs. C. Cameron, Bray, Yeomans, Bayard, Parker, Whiteford, Wilkins. *Public Health Committee*—Drs. Canniff, Oldright, Robillard, Yeomans, Harding, Larocque, Playter, Botsford, Worthington, Wickwire, Covernton, and Bryce. *Ethics Committee*—Drs. Mullin, Harrison, M. Cameron, Bray, Prevost, Grant, Osler, Almon, Coleman. Delegates to the American Medical Association—Dr. Grant, Ottawa; Drs. Gardner, and Hingston, Montreal. Delegates to the American Public Health Association, to meet in Detroit in December—Drs. Larocque, Tye, Bray, Holmes, Sweetland, and Covernton.

Montreal was selected as the next place of meeting, the date being left to the President and Secretary, in order to place it a few days before the meeting of the British Science Association, which meets in Montreal on the 27th of August, 1884.

After votes of thanks to the President, railway and steamboat lines, etc., the Association adjourned.

A correspondent of the *British Medical Journal* states that he has found the application of a strong solution of chromic acid three or four times, by means of a camel's hair pencil, to be the most efficient and easy method of removing warts. They become black and soon fall off.

Selected Articles.

TREATMENT OF FRACTURES IN BRITISH HOSPITALS.

There is, perhaps, no other province in the wide domain of surgery, in which similar and equally satisfactory results are so commonly brought about by a variety of means than in the treatment of simple fractures of the limbs. And this is the case, not because any great diversity of opinion exists as to the end that is to be desired, for that cannot be alleged in this particular instance, but rather because the result sought for is in all cases identical, though capable of being accomplished by very many forms of treatment, which differ in their detail, and allow scope for the ingenuity, and dexterity of the individual surgeon.

Fractures of the limbs are so common, that it is not a matter of surprise that we find at each institution some recognized method, which is sanctioned by custom and hallowed by time, for meeting all the more common forms of each injury, whilst any complication that may be found needs generally but a very slight modification of the apparatus. And this is rendered all the more necessary seeing that such injuries, except when complicated by some serious addition, such as severe injury to a joint or rupture of an artery, are treated in the first instance by the house surgeon, and the surgeon on his visit is rarely called upon to do more than approve, or at most to suggest some slight alteration in the apparatus.

Except there be some other injury, or on account of the feebleness of the patient, or in event of some serious complication to a joint or artery, cases of fractures of the upper extremity are usually treated as out-patients, thus coming entirely under the care of the house surgeon and his dressers, and this renders it necessary that a convenient and portable apparatus shall be applied to keep the ends of the injured bone in good apposition. It would be impossible to enumerate the many ways in which fracture of the clavicle is dealth with, or the many ingenious appliances which have been invented by surgeons and instrument makers ; but speaking only of hospital practice, the result obtained by a simple bandage with or withont a pad in the axilla, and applied so as to throw back the shoulder upon the injured side, to raise and keep steady the humerus, and to take off the weight of the arm, are as satisfactory as could be wished for. Sometimes the figure-of-eight bandage, with a sling for the arm, produces the desired effect, whilst in other cases where it is difficult to overcome the deformity, the surgeon must rely upon his skill in using and applying a bandage, with a pad secured in the axilla by a strap passing over the opposite shoulder.

Fractures of the scapula do not commonly occu without either severe bruising of the surroundi parts or some other more serious complication, which fractured rib is by far the most frequen When they do occur without any serious complic tion, the treatment consists only of a sling or ban age to steady the arm and take off the weight the limb, and this is all that can be done if th acromion or coracoid process be broken.

Before speaking of the mode of treating the lo bones in detail, it may be well to mention some the materials which are in use in London at th present time for securing the position of fracture after the application of splints has been dispense with, as these means are not uncommonly foun available in the first instance, and can be applie in many instances where there is no bruising, an where only one of two bones is broken, as happe parricularly in the case of a fracture of the fibula radius. The principal of these are, the starch glue bandage, the plaster-of Paris bandage, and on made stiff with dextrine, gum, and chalk, etc. very useful material for this purpose has long bee in use at St. George's Hospital, and can be applie in the first instance in treating fracture of the fibul without bruising, and is almost invariably employe to put up fractures of the thigh or leg as soon a union has taken place and the splints can be lai aside. A piece of ordinary stout mill-board is c to about the size necessary to embrace the limb it is then soaked in hot water, which renders it pliar and is shaped roughly to the limb, the edges bein torn carefully so as to form a bevelled margin. piece of flannel is then placed round the limb, or simple roller is applied, and then a bandage i neatly and firmly carried from the toes to a distanc above the joints between which the fracture is si uated, and closely embracing the mill-board. Thi on drying, makes a very convenient apparatus, ligh and strong, and in order to increase its strength an to keep the bandage from becoming unravelled, thick coating of clarified gum is pasted over th bandage. The starched bandage which is in us at University College is applied in much the sam manner, coarse pasteboard soaked in starch bein used, and the limb being surrounded by an eve layer of cotton-wool before this is applied. Thi being elastic, avoids the danger of compressio which might ensue when this treatment is followe as it often is, in the case of recent fractures ; an the apparatus has the advantage, when thus applie that it can, if necessary, be split up by a strong pa of pliers, and its width curtailed, while its effica for support can be re-established by the applicatio of tapes or a fresh bandage. With one of thes forms of permanent apparatus it is almost inva ably the custom to treat fractures after union ha taken place, and in many instances where the di placement is not great and the extravasation sligh recent fractures are also treated in the same wa

In the case of the bones of the leg, a junk is sometimes slung in a "Salter's Swing" and the limb placed in it for a few days, until all swelling and bruising have disappeared. A solution of silicate of potash is sometimes preferred to either of the above-named materials.

To return, then, to the consideration of the fractures of the various bones and the usual plans for their treatment. In London hospitals the general method adopted in cases of fracture of the shaft of the humerus is to put the arm up in four well padded wooden splints tied together by two pieces of bandage which are made to encircle them, one above and one below, and the forearm, being supported by a sling round the neck, gives sufficient extension to ensure a good position of the broken ends. The fingers and forearm may be left unbandaged, unless there is a tendency for these parts to become swollen, and this treatment is usually continued until union has taken place, but the plaster-of-Paris bandage can be applied as soon as all swelling has subsided. This form of treatment can be used in all cases of fracture of the shaft, except those of the condyles or of the lower end of the bone, for which a rectangular wooden splint is almost always resorted to, with or without three additional flat splints to encircle the humerus, the one arm of the right angle being placed along the front of the forearm, and the other along the anterior aspect of the humerus. Any immovable apparatus is disapproved of in this locality on account of the desirability of making early movement in the elbow joint, which generally is more or less injured when the accident takes place, and is therefere liable to become stiff if passive motion is not commenced at an early stage.

The old plan of treatment of fracture of the olecranon was to put a long straight splint on the anterior aspect of the arm and thus keeps it fully extended, whilst the fragments were brought as nearly as possible into apposition by a figure-of-eight bandage. But when, by the action of the triceps the upper portion of the ulna was drawn a long way up the arm, this plan was not found to give very good results, which answered, however, sufficiently well when the fibrous covering of the bone held sufficiently together to prevent any great separation of the parts. Accordingly, the plan which has been successfully carried out in the case of patella has been tried for the ulna, and the parts brought closely together by a silver wire passed through holes drilled obliquely down from the surface of each fragment. Under the antiseptic system this mode of proceeding has been attended with remarkable success in the few cases which have been reported, but it remains to be seen whether it is capable of being more generally followed.

A couple of well-padded, straight, and flat wooden splints are generally all that is required to keep the bones of the forearm in position when fracture takes place in the shaft of one or both, but many plans are in use for correcting the deformity in the injury which goes by the name of "Colles's fracture." Some surgeons use these same splints, and by a turn of the bandage which keeps them in position, passed over the hand, maintain it at an angle downward to the side of the ulna, and obtain satisfactoty results. Another very useful apparatus, by which the deformity is more easily corrected, is that invented by Dr. Gordon, of Belfast, who denies that impaction of the broken ends of the radius is of common occurance, and corrects the deformity "by traction on the hand or pressure on the fragments, placing the hand in the prone position, then applying to the anterior surface of the forearm a splint to which a wooden conical or triangular piece is so attached that the external border of the splint projects beyond it; and on the back of the forearm a straight splint more thickly padded over the wrist than over the forearm," the whole to be fixed by two straps of webbing, and not by bandage. A more convenient and less complicated method in common use is a pistol-shaped splint applied to the back of the hand, with or without a short straight splint to the front of the forearm, and not extending beyond the wrist; the two being kept in position by a bandage.

Passing to the lower limbs, and to the fractures which occur in the femur, the plan of treatment usually followed in London hospitals is by one of the two forms of long splint reaching from the axilla down to the foot, and applied with or without shorter splints surrounding the thigh. When these are applied the foot is fixed by bandages to the lower end of the splint, and to an iron foot-piece which runs out at right angles to it, the form of splint known by the name of the French surgeon Desault, and this is secured to the body by a band passing round the waist, and runs up on the outer side of the body to the axilla, having a fork cut in its upper extremity for the purpose of giving a secure *point d'appui* for the perineal band, as it is called, by which traction is made. On this band are threaded three short flat splints, the upper ends of which are cut obliquely so as to fit the line of the groin, and these, with the long splint, surround the whole thigh, and are kept in position by one or more pieces of webbing. The whole having been properly adjusted, traction is made by tightening the perineal band, which, by passing over the upper end of the long splint round the groin and behind the nates, causes extension of the whole limb, and brings the fractured surfaces into close and accurate apposition. The shorter splints are, however, very frequently dispensed with, and then extension is affected by means of a weight applied with strapping to the leg and passing over the end of the bed, where an apparatus is fixed with a rest, over which the cord attaching the weight of seven to nine pounds is passed; and to further the effect of extension the lower end of the bed is slightly raised by blocks, so that the weight of the body may act in a manner to extend from the opposite direction. A patient thus treated is usually kept in bed for from four to seven weeks, and then one of the forms of immovable apparatus is generally applied, plaster-of-Paris being less frequently used in the case of the thigh on account of the great weight which a splint made with this material necessarly involves. With very young children the best results are often obtained by using a weight to the leg as above described, while to secure the limb from movements during sleep, and to keep the fragments in good position, a sand-bag is placed on either side of the thigh, and to another laid across the seat of the fracture; and further to prevent the patient from slipping down, and so nullifying the influence of the weight, a band is passed behind the back, from which two loops pass over the shoulders, and this is tied beneath the bed or secured to its upper end. One of these forms of treatment suffices in almost all fractures of the thigh bone, but there are some in which the broken ends cannot be kept in position by any such means, and this happens particularly when the break occurs a short way below the trochanters, and the upper fragment is drawn upward and inward by the action of the psoas. For these cases the most frequent apparatus used is Earle's bedstead, which allows the patient to lie flat on his back, but the foot being secured on the injured side to a footpiece, the knees are bent over the raised portion of the bed, which thus forms a double inclined plane, the traction is kept up by the weight of the body, the knee thus becoming practically a fixed point. Many other ingenious modes of effecting the same results have been invented and are occasionally used, but they are not in general use, and are only required in exceptional cases; such, for instance, are the methods of placing the limb in a wire support, without splints, and making extension by a weight attached to the foot and passing over a pulley, which is placed at some height and distance from the end of the bed, or the splint known by the name of "Thomas," which consists mainly of a couple of parallel iron rods united at both ends, the upper being secured round the pelvis and the lower to the foot, whilst a bandage passes round the whole apparatus and gives support to the lower part of the limb.

The treatment of fracture of the patella varies in detail at almost every institution, but the main points are to reduce the effusion into the synovial membrane of the knee joint, by which the primary separation of the fragments is mainly produced and maintained, and then to bring the two surfaces as nearly as possible in apposition. The first object is attained by raising the limb to an angle with the trunk on pillows, junks, or other apparatus, and applying evaporating lotions to the joint, and the second, by the use of bandages applied in various fashions, strapping, to which is sometimes attached a weight, which passing over the foot is intended to drag down the upper fragment and to act counter to the retraction of the quadriceps extensor. Some surgeons still use Malgaigne's hooks, but they are objectionable on account of the risk of inducing erysipelas. The operation of wiring together the fragments has already been alluded to, and has now been performed in a considerable number of instances, but the danger, even with the utmost aseptic precautions, is sufficient to deter surgeons from recommending the operation, especially when the accident occurs, as it most frequently does, in persons past the healthiest period of life, and also considering the very useful limb which is obtained by patients who are willing to submit to a prolonged course of treatment by simple means. Where the separation of fragments has taken place after fibrous union beween the two ends of bone, the operation has been resorted to in several cases with more or less satisfactory results. Where splints are used for the treatment of fractures of the bones of the leg, those which bear the name of Cline are, perhaps, most frequently had recourse to. They consist of two pieces of light pine wood, roughly hollowed out and shaped to embrace the outer and inner surfaces of the calf, ankle and foot, a round hole being cut for the malleolus in each. These are padded with tow or cotton-wool, and are fixed to the foot by pads and bandages, whilst they are secured round the leg by two pieces of broad webbing. Other surgeons prefer to support the back of the limb, and for this purpose use three flat deal splints to which a foot-piece is applied, and these are kept in position by webbing and strapping or bandages. Whatever form of splint is used, the custom is almost invariable of swinging or raising the limb, either by junks or by the use of "Salter's swing," which allows the patient to exercise more movement of the body without disturbing the injured extremity. In some cases where the swelling is not great, the limb is placed in plaster-of-Paris, by laying strips of blanket soaked in the plaster on either side of the leg, and bandaging with muslin into which the dry plaster has been rubbed, cotton-wool being used, or, as some prefer, a flannel bandage, to guard against the risk of subsequent swelling. For Pott's fracture, where ecchymosis forbids its immediate treatment by some immovable apparatus, the practice recommended by the Dublin surgeon is usually adopted, namely, to place a single flat wooded splint upon the inner side, with a thick pad over the inner malleolus, and to secure to this the foot below and the leg above by a light bandage.

The same apparatus suffices in the treatment of compound as in simple fractures, the more so as the wound is almost invariably treated on antiseptic principles, more or less strictly carried out in the manner of Professor Lister. Some surgeons, however, still adhere to the use of "Assalinis' fracture-box," a weighty and somewhat cumbrous machine, whilst others prefer MacIntyre's splint, which has the advantage of being more easily cleaned, and is thus less likely to become a medium of conveying or retaining the germs of contagious diseases.—*W. Lancet.*

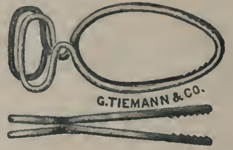
On the Use of Anæsthetics During Labour. —In a paper recently read before the East Surrey District of the South-Eastern Branch of the British Medical Association, Dr. Savill indicates what he believes to be the main precautions, the observations of which would render the use of chloroform perfectly justifiable. 1.—There are certain women who have a tendency to flood at every confinement, and others in whom there seems an already too great relaxation of fibre—weak anæmic females in their eight or tenth confinement; and to these it would be unadvisable to give chloroform, except for necessity. Happily, it is not these women who suffer the most pain, but rather those strong healthy primiparæ whose pelves and general build approximate to the masculine type. 2.—We should not give it when labour is complicated with severe vomiting, or with acute heart or lung-disease, unless there be imperative call for it. 3.—It should not be given to the full extent, except for operation, convulsions, or spasm of the cervix; and then it is most necessary that one person should devote his entire attention to it. 4.—The inhalation should be stopped directly we find the pulse becoming very weak, or respiration irregular. 5.—Anything which makes us suspect a fatty or enfeebled cardiac wall should make us cautious in the use of chloroform. Here, as in cases other than those of labour, it is not the most extensive valvular disease (so long as it be attended by compensating hypertrophy), but the atrophied or degenerate wall that constitutes the source of danger. Unfortunately, the signs of these conditions are subtle and uncertain. Fatty heart may be suspected by an exceedingly feeble cardiac impulse, combined with an almost inaudible first sound; or valvular lesion; or copious deposit of fat in other parts of the body, and the occurrence of dropsy without adequate cause. A dilated heart may be suspected by increased area of præcordial dulness, combined with epigastric and venous pulsation, and a want of correspondence between the violence of the cardiac impulse and the strength of the pulse. Pericardial adhesions also form a great source of danger. They may be suspected when the heart's apex is fixed above its normal position, and does not shift with respiration; or when there is depression instead of protusion of intercostal spaces over the position or the apex, giving a wavy character to the cardiac impulse. 6.—In all cases, we should take extra care top revent the occurrence of hemorrhage after birth; by giving a full dose of ergot when the head reaches the perinæum; by ceasing the chloroform immediately it is born; and by rousing the patient from the lethargy as soon as possible.—*British Medical Journal.*

Manganese in the Treatment of Amenorrhœa.—Dr. S. Ringer and Dr. W. Murrell ("*Lancet,*" Jan. 6, 1883) have been using permanganate of potash extensively, in hospital practice, for amenorrhœa, with good results. They have used it both in the pharmacopœal (B. P.) solution and in the form of one or two-grain pills. One grain three times a day is given to begin with, and this is increased to two grains four times a day, the larger doses giving the best results. Its administration should be begun three or four days before the period is due, and if it is not successful in bringing on the flow, its use should be continued for some time, even until the next period is due, if necessary. It should be discontinued as soon as the flow appears, as its use will facilitate that process. Its action is not so certain in the case of girls who have never menstruated, though, after having been tried unsuccessfully, it may be successful if tried at a subsequent period. It is also recomended in the case of women who have reached middle life, having passed through numerous pregnancies, and have become irregular. It is necessary to avoid giving it during pregnancy for any cause, though it is not known that it will produce abortion. In the amenorrhœa of phthisis it is not thought to be of value. The pills will usually be found to be more acceptable to the patient, as to any disagreeable after-effect, than the solution. Manganate of sodium and binoxide of manganese are equally effective with the permanganate of potash. Manganese does not seem to improve the condition of the blood in anæmia and chlorosis, but acts equally well with the plethoric and the anæmic.—*N. Y. Med. Jour.*

Who Would Not be a Doctor?—Quite a number of our young men are studying for the medical profession. We do not wish to deter them from this laudable pursuit, for a physician's calling is one of the most honorable, ennobling, humanizing, and useful in the world. But all is not gold that glitters, and the following are some of the sweets of a doctor's life: If he does not write a prescription for every trifling ailment, he is careless; if he does, "he deluges one with medicine." If his horse is fat, it is because he has nothing to do; if he is lean, it is because it isn't taken care of. If he drives fast, it is to make people believe somebody is very sick; if he drives slowly, he has no interest in the welfare of his patients. If the patient recovers, it is owing to the good nursing he received; if he dies, "the doctor did not understand his sickness." If he talks much, "we don't like a doctor to tell everything he knows," or, "he is altogether too familiar"; if he don't talk, "*we* *like to see a doctor sociable.*" If he says anything about politics, "he had better let it alone"; if he don't say anything about it, "we like to see a man show his colors." If he does not come immediately when sent for, "he takes things too easy"; if he sends in his bill, "he is in a terrible hurry for his money." If he visits his patients every day, it is to run up a bill; if he don't, it is unjustifiable negligence. If he orders the same medicine, it does no good; if he changes the prescription, he is in league with the druggist. If he uses any of the popular remedies of the day, it is to cater to the whims and prejudices of the people, to fill his pockets; if he does not use them, it is from professional selfishness. If he is in the habit of having frequent consultations, it is because he knows nothing; if he objects to having them, on the ground that he understands his own business, "he is afraid of exposing his ignorance to his superiors." If he gets pay for one-half his services he deserves to be canonized. Who wouldn't be an M.D.?

To Stop Hiccough.—Dr. Martin Burke, of New York city, sends the following item to the New York *Medical Review:* "Perhaps the narrative of these two cases may prove of interest. John C.—— was suddenly seized about a year ago with an attack of hiccough. The cause was unknown. All the usual remedies were tried in vain. Dr. John Burke, my father, was then called upon. Noticing the convulsive heaving of the patient's ribs, more particularly upon the left side, he firmly compressed the side between his two hands, and in a short time the hiccough ceased for the first time in days. The second case was that of a Mr. C——, a young man of thirty. He also was attacked, first with vomiting and then with hiccough, most violent and convulsive. Mophine suppositories would produce sleep, but even in sleep the hiccough was distressingly severe. As his vomiting had now ceased, almost every remedy known was called to our aid, but it was not until we had again, by my father's advice, compressed his heaving ribs, that the hiccough almost instantly ceased. It returned indeed within twenty-four hours, but compression again arrested it. The patient is now convalescing, and as hiccough very often proves fatal, perhaps the record of these two cases may prove of service."

The Key-ring Artery-clamp.—In the *London Medical Record* for July, '83, Dr. Brewer Mattocks, of Faribault, Minn., describes the following useful contrivance: "In a country of long distances, one must betake himself to many short contrivances. A professional neighbour of mine, his assistants failing him, performed lately his first ovariotomy successfully alone. With us, every farm has from two to an indefinite number of horse-power agricultural implements, and every town its railway and manufactories; consequently we see much of *accidental* surgery. Of necessity, then, our surgical instruments must to a great extent be both automatic and labor-saving. The artery-clamp, of which I send an illustration, explains itself; but the advantages claimed for it I will number consecutively. 1. The operator is by the use of the clamp enabled to tie the arteries himself and at his leisure. 2. It is self-holding, and its lightness will prevent its tearing loose, while its shape enables the ligature to slip to its place. 3. It is small, compact, and, if necessary, may be left in position for several days; for instance, after one has searched for an artery at the bottom of a wound. 4. It is especially adapted for cases of emergency, and, as its name suggests, several of them may form a part of one's key-ring furniture. 5. Its simplicity enables one to use it without a commentary, and its cheapness to buy a set of them." I am indebted to Messrs. Tiemann & Co., of New York, for perfecting my suggestions.



Hydrated Oxide of Iron.—Dr. Squibb recommends the following as a simple method of preparing hydrated oxide of iron, the antidote for arsenic, one of its chief advantages being that the ingredients are always easily obtained. Take of

℞—Tinct. ferri chloridi, ʒiv.
Aquæ font., ℥iv.
Mix in a vessel of ℥xij capacity,
And add aqua ammon. ℥ij.

Shake well, pour it on a large wet muslin drainer, wring out the water and alcohol and wash with fresh water. The stomach having been evacuated by emetics while the antidote was being prepared, give ℥iv. at once, to be followed by an emetic. Then give ʒij. every ten minutes.

Proper Method of Trephining.—In trephining for depressed fractures of the skull, always select the *smallest* trephine, since the only object of its use is to make such an opening as will permit the introduction of an elevator. If you desire to elevate and remove comminuted pieces, apply the crown of the trephine upon uninjured bone adjoining and overlapping the *least* depressed portion of the depressed fragments. It is much easier to remove the fragments when the opening is thus made, than when the trephine is applied at the side of the *most* depressed portion of the fracture. —*Polyclinic.*

THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science
Criticism and News.

☞ *Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.*

AGENTS.—DAWSON BROS., Montreal; J. & A. McMILLAN, St. John, N. B.; GEO. STREET & Co., 30 Cornhill, London, Eng.; M. H. MAHLER, 23 Rue Richer, Paris.

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DIPHTHERIA.

Although medicine as a whole may now be regarded as an exect science, yet very much remains that is speculative and inexact. Diagnosis and pathology have reached a marvellous degree of perfection. So have physiology and chemistry, although these latter are still fruitful in new discoveries and fresh surprises, and are marching forward at a pace unknown in any other department of science. Considering the difficulties in the way, the wonder is, not how little, but how much we know about the nature and treatment of disease. We must not however on this account shut our eyes to the fact that much yet remains to be learned, and that gross darkness prevails in many places where light would be no less a boon to humanity than a joy to the physician. One of the many dark spaces needing lighting up is the space covered by diphtheria.

As cold weather approaches diphtheria may be expected to break out with greater or less severity in many localities, and it is appalling to contemplate our therapeutic armor when brought to face with this terrible scourge. Every intelligent practitioner of experience must confess that all the vaunted remedies fail to meet the necessities of the worst cases. If this be not true, why this fearful slaughter of the innocents from year to year? In this disease, perhaps more than in any other, the profession has been in search of a specific, and there is reason to believe that life has been sacrificed at the shrine of this one dominant idea. Treatment, based on general principles, is much safer than that based on doubtful theory, and in the long run will give better results. That physician who thinks least of specifics and antiseptics, and most of how best to sustain the vital forces, is to be commended, and is certain of his reward. Much of the belief in specific treatment takes its origin in false diagnosis. Of all the reported cases of diphtheria, not a fourth, perhaps, is diphtheria at all. Ulcerative tonsillitis and pharyngitis have materially enhanced the value of certain remedies, and have greatly swelled the number of reported recoveries. For these affections nothing could be more suitable that the routine treatment commonly followed in diphtheria. The patients, of course, all recover, and until the, as yet inexperienced practitioner, meets the genuine disease a few times, he considers his remedies infallible. A medical man was called upon to treat diphtheria occurring in a certain family. Two members of the family residing a few miles from home were taken down, one after the other, with a severe type of the disease. After a protracted illness both recovered. They were nursed by the mother. After a time the disease broke out in the family home, presumably from the infection being carried there by the mother. The first taken down was a lad ten years of age. The same physician was called in, but the patient died on the third day. The father and a grown-up son were attacked almost simultaneously with the fatal disease, but they soon recovered. The next attacked was a child, eighteen months old. At this stage a neighboring physician was called in. This gentleman objected to much of the treatment in force, and declared that he "never failed to *cure* the disease with Tr. ferri mur. and pot. chlor., internally, and turpentine externally." Everything else he regarded as superfluous. In their perplexity and deep distress, the family took the gentleman at his own estimate of himself, and so expressed themselves to the medical man in attendance, who at once withdrew. Within a few days following, three more of the family died, notwithstanding the attendance of a third physician. At this stage the presumptuous and confident man who had supplanted another and better physician, very properly received his discharge, and the original attendant was recalled to attend the last critical case and close up the sad history. The gentleman who invariably cured with iron and potash had probably never before treated diphtheria, and there is good reason for believing that the fatality which followed, at least in part, was due to his neglect of other and more important points lying within the range of general and systematic treatment.

The local lesion is a fruitful source of error in treatment. It too often happens that this is regarded as the disease itself, open and exposed to view, rather than the manifestation of a grave constitutional malady. If this be not so, what means the torture of frightened and struggling infants with tongue-depressers, swabs and brushes? Almost every writer on the subject directs us to pencil or brush the throat with various substances, not with a view of disinfecting merely, but also to aid in the "removal of the false membrane," and otherwise exercise a beneficial influence. In view of the fact that the disease is constitutional, general treatment cannot be subordinated to local treatment, not even if the benefits claimed for the latter were true, which they are not. The removal of the "membrane," if accomplished before the disease had spent itself, would most certainly be followed by a new formation. But pathologists now tell us that the so-called membrane is not a membrane at all; that what appears to be such is nothing more nor less than tissue, which has been congested, presumably by micrococci, swollen by inflammatory products, and dead from being cut off from all nutrition. This discovery is very disconcerting to those who have laid undue stress on local treatment.

If we have much yet to learn about this disease —as indeed we have about all zymotic diseases, yet we know pretty well what it does. We know that it gives rise to certain grave constitutional disturbances, and chief amongst these, a tendency to weakened heart action. We know also that it gives rise to local lesions, marked by a tendency to necrosis of tissue. How best to meet these indications, may form the basis of some future remarks.

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CANADA MEDICAL ASSOCIATION.

The meeting of the Canada Medical Association this year in Kingston, under the presidency of Dr. Mullin, was, upon the whole, a most interesting and successful one. The number in attendance, though not so large as on many occasions of the kind, was considerably above the average of former years. With one exception, namely, the hotel accommodation, Kingston was a most desirable place for the meeting of the Association. The new buildings of Queen's College were admirably adapted for the meetings of the various sections, and the local committee spared no pains to make the visit of the members agreeable. The excursion among the Thousand Islands was the social event of the meeting and was highly appreciated. Indeed nothing was left undone by the Committee of Arrangements to render the meeting pleasant and agreeable, and one long to be remembered.

In the sections on medicine and surgery many interesting and valuable papers were read and discussed, and much good work accomplished. We were pleased to note an improvement in the character of the papers generally, and special mention should be made of two or three papers which were almost wholly the result of original work, in medicine and surgery. We hope at future meetings to see an increase in the number of papers of this character. The papers alluded to were much appreciated by the Association, and this of itself should be a stimulus to others to follow in the same direction.

It might not be out of place here to give a brief sketch of the history of the Association. It was organized in Oct., 1867. Dr. Marsden, of Quebec, one of the governors of the College of Physicians and Surgeons, of Quebec, took an active interest in its formation. In May, 1867, he introduced a resolution recommending that action be taken by the college of which he was a governor towards the formation of a Canadian Medical Association, which should consist of all members of the profession in the Dominion in good standing. No action was taken, however, by the college, but the Quebec Medical Society held a meeting, appointed a committee to draft resolutions regarding the formation of an association, which were adopted, and circulars were issued to the medical men in Canada, calling a meeting in Quebec on the 9th of Oct., 1867, when the association was inaugurated. There was a large number present and the meeting was a most enthusiastic one. Hon. Dr. Tupper was elected first president and delivered a most interesting and eloquent address. He continued president until 1870, when he was succeeded by Hon.

Dr. Parker, of Halifax, N. S. The subsequent presidents were Drs. James A. Sewell, Quebec; J. A. Grant, Ottawa; W. Marsden, Quebec; LeBaron Botsford, St. John, N. B.; E. M. Hodder, Toronto; W. H. Hingston, Montreal; Joseph Workman, Toronto; R. P. Howard, Montreal; Canniff, Toronto; Fenwick, Montreal; Mullin, Hamilton, and Sullivan, Kingston.

The association meets next year in Montreal, a few days before the meeting of the British Association for the Advancement of Science, so that members may have an opportunity of remaining over to take part in that gathering, at which will be present many of the leading men and scientific lights of England. It is confidently expected that this meeting of the association in 1884 will be one of the most interesting and important in the history of the association. A pressing invitation was received from our brethren in the far West to hold the next meeting in Winnipeg, but for the reasons above mentioned Montreal was chosen. The President and Secretary will arrange the date of the meeting, which will have timely announcement through the columns of the LANCET and other journals.

* * *

THE NATURE AND TREATMENT OF DIPHTHERIA.—The following is a brief summary of the conclusions from replies to a series of questions recently issued on the subject by the *Therapeutic Gazette:*

1. Diphtheria may be either local or constitutional in its origin.

2. It may continue as a purely local or as a purely constitutional disease, or the local disease may be followed by constitutional infection, or *vice versa*—the disease in the vast majority of instances manifesting itself in both the constitutional disturbance and the local affection.

3. The comparative value of local and constitutional remedies is dependent upon the nature of the affection in individual cases.

4. Diphtheria is a contagious disease, but not liable to attack a healthy mucous membrane or to find an entrance through it into the circulation.

5. The contagium of diphtheria is not a micrococcus, nor is it visible under the most powerful microscope yet manufactured.

6. The contagium of diphtheria is of a gaseous nature (the result of decomposing fæcal and other organic matter), and can be neutralized only by a true disinfectant and not by an antiseptic.

7. The best local application is the tincture of the chloride of iron. It may be supplemented by other applications according to the indications in individual cases.

8. In a typical case of sthenic diphtheria, administer large (10 grains) and frequently repeated (hourly) doses of calomel until the characteristic stools are secured. Following this give large doses of the tincture of the chloride of iron every two hours, and administer alcohol within the limits of intoxication. In asthenic cases the calomel should be omitted, and the main reliance placed on the iron and alcohol.

THE GILCHRIST SCHOLARSHIP.—We are pleased to announce that Mr. H. G. Creelman, B.A., of Dalhousie College, N. S., has won the Gilchrist Scholarship. Mr. Creelman is, we understand, a near relative of Dr. Creelman, of Maitland, N. S., and nephew of the Hon. Samuel Creelman. The scholarship is of the value of £100 a year for three years, the condition being that the winner must pursue his studies either at the University of Edinburgh, or University College, London, prior to proceeding to the degree at the University of London. Mr. Creelman has chosen University College, and intends to make a special study of physics. This is the third time this scholarship has been won by a Nova Scotian, and a graduate of Dalhousie College.

PERSONAL.—Dr. James Stewart has returned from Vienna, and has taken up his residence in Montreal. He will deliver his first course of lectures on materia medica in McGill Medical School this winter.—Sir Wm. McCormack, surgeon to St. Thomas Hospital, London, and Prof. A. P. Simpson, of Glasgow University, are at present making a tour of the United States and Canada.—Dr. D. McLeod (Trinity), formerly adjunct Professor of Institutes ot Medicine, Materia Medica and Therapeutics in the Michigan College of Medicine, delivered the spring course of lectures so acceptably that the trustees of that institution have promoted him to the vacancy caused by the withdrawal from the school of Dr. J. J. Mulheron.

SUBSCRIBE TO MEDICAL JORRNALS—Dr. Cathell says in his work "The Physician Himself," subscribe to as many medical journals as you can read, and can afford to pay for. Read them carefully so as to keep abreast of the times, but neither swear at, nor by all you see in them; be especially careful of such as exist for the purpose of advertising either their owner or his goods. Note all remarkable cases, but never report any that are not unique or at least that do not present some curious or unusual feature, or militate against accepted theories, otherwise you will merely swell without adding anything valuable to existing records.

British Diplomas.—Dr. J. P. Brown, of Galt, double gold medalist Toronto University (1868) has recently passed the examination for the L.R.C.P. Edin. Dr. Brown spent the past summer in the Royal Infirmary, Edin., and the London and Samaritan Hospitals, London. Dr. G. S. Beck (Toronto), Drs. W. H. McDonald, and W. Nattress (Trin. College) have been admitted to the M.R.C.S., Eng. Dr. S. A. Metherell has taken the L.R.C.P. Edin. and L F.P. & S. Glasgow. F. G. Finley, M.D., (McGill), has passed the intermediate examination for M.B. in the University of London, and D. G. Bennet of New Brunswick has taken the degree of M.B., C.M. in the University of Edinburgh.

Drs. J. Johnston, A. Hawke and J. H. McCullough (Trinity), have taken the L.R.C.P. Edin. Dr. J. C. Urquhart (Trinity), has taken the double qualification L.R.C.P.& S. Edin.

Corrections.—In our notice of Dr. D. Tod Gilliam's work on pathology, we inadvertently stated he was a professor in the Columbus Medical College. It should have been the Starling Medical College, Ohio.

The summary of the article on iron-dyed silk ligatures, by Prof. Pancoast, of Philadelphia, in our last issue, was accidentally omitted by the printer, together with the name of the journal, *Medical Bulletin*, from which the article was taken.

The British Medical Bill.—Although it was confidently expected that the Bill would be passed during the recent session of the British Parliament, it has been shelved for another year. Opposition was offered by the Irish and Scotch authorities interested at the last moment, and in consequence the Bill was withdrawn for the present. It is a good measure and will no doubt ultimately become law. A year's delay will only strengthen the hands of its friends and weaken the opposition of its enemies.

Eucalyptus Globulus in Diphtheria. — A writer in the London *Lancet*, Sept. 1, '83, gives a list of 37 cases of diphtheria successfully treated by the use of steam saturated with eucalyptus globulus. He claims that the remedy contains properties which are antagonistic to the germs of diphtheria. He directs boiling water to be poured on the dry leaves and the steam to be inhaled constantly.

Acute Rheumatism.—The following will be found a most elegant mode of administering salicylic acid in the treatment of the above-named disease:

℞ Sodæ salicyl.....................℥ss.
Syr. limonis.........................℥j.
Aquæ cinnan ....℥viij.—M.

Sig.—A tablespoonful every four hours.

Sanitary Arrangements on Atlantic Steamers.—The British Medical Association are moving for a Parliamentary Committee to enquire into the inadequate medical and sanitary arrangements on the Atlantic steamers. Mr. Chamberlain, President of the Board of Trade, intends introducing into Parliament a bill dealing with the subject next year.

Appointments.—Dr. M. A. B. Smith has been appointed House Surgeon to the Provincial and City Hospital, Halifax, N. S.

Dr. Sutherland, of Calgary, N. W. T., has been appointed physician to the Canada Pacific Railway, western section.

Removals.—Dr. Stalker of Ripley has removed to Walkerton, Ont. Dr. Hurlburt, of Brucefield, has removed to Mitchell, Ont. Dr. J. S. Smiley, of Rawdon, Que., has removed to Portsmouth, Iowa.

The *Canadian Pharmaceutical Journal* for September, 1883, comes to us in an enlarged and very much improved form. We congratulate our city contemporary upon its improved appearance.

Scholarship for Women.—Mrs. Alex. Cameron of this city, has presented a scholarship of $60 per annum to the Women's Medical College, Toronto.

Dr. Oliver, surgeon (retired) Army Med. Dept., has commenced practice in this city.

Reports of Societies.

BRANT COUNTY MEDICAL ASSOCIATION.

The above Society convened in Brantford on the 4th ult., Dr. Harris in the chair. After routine the Society proceeded with the election of officers for the ensuing year with the following result:

Dr. Wm. T. Harris, President; Dr. Robert H. Dee, Vice-President, Dr. Wm. E. Winskel, Secretary-Treasurer.

Dr. Griffin showed a specimen of cancer of the bowel at the ileo-cæcal valve, and gave a very interesting history of the case. Drs. Winskel, Dee, and Harris each furnished notes of cases from practice.

Dr. Fairchild, of Burford, was elected a member of the Association. After some further business, the society adjourned to meet in Brantford on the 4th of December.

Books and Pamphlets.

THE PHYSICIAN HIMSELF, AND WHAT HE SHOULD ADD TO HIS SCIENTIFIC ACQUIREMENTS. By D. W. Cathell, M.D, Baltimore, Md. Baltimore: Cushings & Bailey. Toronto: Willing & Williamson. $1.25.

This unpretentious little book has already, within a very short time, passed through three editions. The aim of the work is to inculcate professional tact and business sagacity, which, the author states, are "as necessary to the physician as the mariner's compass is to the navigator." It contains much good sound sense, and in a business-like manner informs the medical practitioner what he must add to his professional attainments to make his success in life more certain, rapid and complete. We are very much pleased with a perusal of the book, and would cordially recommend it to our readers, and especially to the younger members of the profession.

MEDICAL ESSAYS. By Oliver Wendell Holmes. Houghton, Mifflin & Co., Boston, Mass., 1883.

This volume contains a series of papers on various subjects which have been previously published separately, at various times, between 1842 and 1882. In the form in which they now appear they will be read with interest by all who like well-written essays by an author whose fame as the "autocrat of the breakfast table" is simply world-wide. His Essay on Homœopathy—and, indeed, every one of the nine subjects treated of in the volume, is well worthy of perusal as the work of a gifted and most pleasing writer.

A PRACTICAL TREATISE ON IMPOTENCE, STERILITY, AND ALLIED DISORDERS OF THE MALE SEXUAL ORGANS. By Samuel W. Gross, M.D., Prof. Surgery, etc., Jefferson Med. College, etc., etc. Second edition, thoroughly revised, with sixteen illustrations. Philadelphia: Henry C. Lea's Son & Co. Toronto: Willing & Williamson. 1883. Pp. 176.

A work of this kind is most desirable, as in all parts of the continent the disorders referred to abound, sometimes through the vicious practices of patients, often through the mischievous influence of the quack advertisements which pollute the columns of the newspapers. The author has greatly improved on the former edition in the present issue. The work is one that can be cordially recommended.

HOW TO DRAW A SIMPLE WILL; WITH SPECIAL INFORMATION FOR CLERGYMEN AND DOCTORS, AND INSTRUCTIONS FOR EXECUTORS IN ORDINARY CASES. By D. A. O'Sullivan, M.A., LL.B., author of Practical Conveyancing, including Wills; Government in Canada; etc. Toronto: Moore & Co.

The above-mentioned brochure by Dr. Sullivan will be found exceedingly useful to all classes of the community. Every person should know something about wills and the proper method of drawing them. It is the design of this work to supply just such information as is required in this respect, and the author is to be complimented on the skill with which he has accomplished the object in view. We cordially commend the work to our readers.

ELECTRICITY IN MEDICINE AND SURGERY. By Geo. C. Pitzer, M.D., St. Louis. Second edition.

The present edition of this work has been revised throughout and considerably enlarged by the addition of chapters on the use of electricity in diagnosis, its use in asphyxia, chloroform poisoning, opium poisoning, cauterization, and the like. It contains full directions for using batteries, the object being to furnish the beginner with the principal facts embraced in the subjects of electricity and electro-therapeutics. It is very concise, and will no doubt be found useful by those who have yet to learn the first principles of electro-therapeutics.

THE PHARMACOPŒIA OF THE UNITED STATES OF AMERICA. Sixth Decennial revision. New York: Wm. Wood & Co. Toronto: Willing & Williamson.

The present edition is very much inproved in many respects, not the least of which is the bold clear type in which it is printed. The committee of revision have done their work well. The defects, which are not numerous nor important, may be accounted for from the difficulty of the task before them. The revision of nomenclature will commend itself to all students of pharmacy. The titles of compound medicines are made to express their constituents, rather than their properties. There are a few exceptions, as for example, Pil Cath. Co. &c., &c. The Latin names of alkaloids have been made to terminate in *-ina*, and the corresponding English names in *-ine* in preference to *-in*. A number of special alterations have been made after due consideration, as for instance: *alumen* for sulphate of aluminium, *chirata* for chiretta, *asafœtida* for assafœtida, *cambogia* for gambogia, etc., etc.

THE PRINCIPLES AND PRACTICE OF SURGERY, by D. Hayes Agnew, M.D., L.L.D., Prof. of Surgery University of Pennsylvania. Profusely illustrated. Vol. III. Philadelphia: J. B. Lippincott & Co. Toronto: Willing & Williamson.

This is the concluding volume of this excellent work on Surgery. The present volume fully bears out the high character of those that preceded it, and which have been previously noticed in these columns. The learned and accomplished author is to be congratulated upon the production of a work on Surgery which has not been surpassed on this continent. As a work of reference it is of inestimable value to every practical surgeon. We cannot too highly commend the work to our professional brethren.

EARLY AID IN INJURIES AND ACCIDENTS, by Dr. Friedrich Esmarch, Prof. of Surgery, University of Kiel. Translated from the German by H. R. H. Princess Christian. Philadelphia: H. C. Lea's, Son & Co.

This work consists of a series of five popular lectures delivered in the so-called "Samaritan School," on this subject. The instruction in these lectures will be found of great value to the public, and the work should meet with a ready sale.

AN INDEX OF THE PRACTICE OF MEDICINE, by Wesley M. Carpenter, M.D., Pathologist to Bellevue Hospital. New York: Wm. Wood & Co. Toronto: Willing & Williamson.

This work is gotten up very elegantly, in wallet form, and adapted for carrying in the pocket. The information is given in a concise form, namely, symptoms, diagnosis and treatment, and the pages are interleaved to facilitate note-taking in important cases. The work will undoubtedly serve a useful purpose in general practice.

GOUT IN ITS PROTEAN ASPECTS. By J. Milner Fothergill, M.D., M.R.C.P., London. Detroit: George S. Davis, 1883.

This is an eminently practical book, like all Dr. Fothergill's works; and any one who wishes, in small compass, to make himself familiar with the latest views regarding gout in all its forms, cannot do better than read its thirteen well-written chapters carefully.

WHAT TO DO FIRST IN ACCIDENTS AND EMERGENCIES, by Chas. H. Dulles, M.D., second edition. Revised and enlarged, with new illustrations. Philadelphia: P. Blakiston, Son & Co.

Births, Marriages and Deaths.

At Cobourg, on the 5th ult., Dr. G. W. MacNamara, of Tara, to Lilla, daughter of the late Angus Crawford, Esq., Cobourg.

At South March, Ont., on the 12th ult., Geo. H. Groves, M.D., of Carp, Ont., to Fanny, eldest daughter of G. W. Monk, Esq., M.PP.

On the 19th ult., Geo. A. Kennedy, M.D., Surgeon Mounted Police, Fort Calgary, N. W. T., to Alice Maude, only daughter of Dr. Allen, of Cornwall, Ont.

At Kentville, August 30th, of cirrhosis of the liver, Henry Shaw, M.D., aged 52 years.

In Forest, Ont., on the 10th ult., Cornelius East, M.D. (Trinity), aged 35 years.

On the 23rd of August, Dr. J. B. Campbell, of Westfield, N. Y., formerly of Ontario, aged 38 years.

⁂ *The charge for notices of Births, Marriages and Deaths is Fifty Cents, which should be forwarded in postage stamps with the communication.*

HE CANADA LANCET.

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Original Communications.

HLOROFORM AS AN ANÆSTHETIC— ITS PHYSIOLOGICAL ACTION AND THERAPEUTIC VALUE.*

BY JOHN J. GAYNOR, M.D., DEBEC, N. B.

It may be well at the outset, in view of its being ften forgotten by some surgeons, to call attention the fact that physiological respiration in man is erformed either through the mouth or nasal fossæ, —never simultaneously through both. It is there re a mistake of the chloroformist to believe that, the mouth be left open and uncovered during sal inhalation the patient will inspire sufficient r to dilute the anæsthetic to the standard of fety, or that the holding of the nose during buc l respiration will hasten anæsthesia. Such phe omena could only occur in the presence of eculiar pathological conditions of the soft palate, r pharynx, or of both.

The immediate local effects of chloroformic por on the air passages are of a stimulating ature: those portions of the mucous membrane hich minister to special sense are thus placed in e highest state of functional impressibility, and, might be expected, the salivary glands become bnormally active. Large or small volumes of air re usually swallowed with the saliva at this stage; ter on we shall enquire why we may also have omiting. Let us first examine the nervous circle f salivation. Here we find, that through chloro rmic stimulation of the glosso-pharyngeal and ustatory end-bulbs a centripetal incitation is gen rated and conveyed to the gustatory centre in the edulla oblongata, and thence reflected on the riculo-temporal and chorda-tympani as a centrifugal excitation to the salivary glands. The hypersecretion which follows is of short duration, because the nerve cells of the end bulbs soon become semicoagulated and unimpressible. It must not, however, be forgotten or overlooked that such a secretion takes place, and that it may accumulate in the pharynx; consequently we should, in any and every case of accident under chloroform, clean out the mouth and draw the tongue forward.

The remaining portion of the respiratory tract shares equally in the general stimulation, and as the volume of carbonic acid gas exhaled during the period of excitement is greater than normal, we thus have a double cause for pneumogastric irritation. This last is translated by increased frequency of respiration, and the pâtient's usual attempts to displace the inhaler. Tolerance is soon established, but as the mucous and respiratory membranes are sometimes anæsthetized before sufficient vapor has entered the blood current, the respiratory stimulus is often wanting and the patient may forget to breathe. Let us not attempt, as is often done in such cases, to squeeze the wind out of him; such a proceeding invites cardiac syncope. The sense of hearing, owing to the depth at which its encephalic centre is located, is the last to yield to anæsthetics, and without resorting to physical force, we should, in the case in question, simply tell our patient to "breathe naturally."

When impure chloroform is used for inhalation the patient is almost suffocated by the first inspirations, the veins of the neck and face become turgid, the number of respirations diminished, the pause between inspiration and expiration lengthened, the period preceding anæsthesia prolonged, and the risk of cardiac syncope increased. A chloroformization which begins badly will follow a troublesome course, and require marked attention. "Pure chloroform kills only when badly administered." Unless we use a "Snow's Inhaler," Gosselin's intermittent method of administration is the correct one; but we must ever bear in mind that over 5 per cent. of chloroform in the inspired atmosphere is dangerous, and that 10 per cent. destroys life by completely inhibiting molecular interchange.

Having thus far dealt almost entirely with effects due to local stimulation, we will divide complete anæsthesia into four periods, viz.:—(1) Anæsthesia of the cerebrum, cerebellum and basal ganglia;

Read before the N. B. Medical Society, July 18, 1883.

(2) of the pons variolii ; (3) the spinal cord, and (4) medulla oblongata. This division is based on the order in which the grand centres succumb, because, though the entire nervous sodality is simultaneously affected, the superficial portions of the encephalon yield before the deep, and the spinal cord before the medulla oblongata. Complete anæsthesia must necessarily destroy life by paralyzing the respiratory centre. Surgical anæsthesia corresponds with paresis of the pons varolii and consequently does extend beyond the centres of the " life of relation."

The immediate constitutional effect of chloroform in the circulation is general stimulation—psychical, nervous, muscular, and circulatory—the phenomena of which when taken collectively constitute the period of excitement. This period of inebriation is, however, much shorter than when ether is employed, the patient's struggles not being so violent, nor the volume of air drawn into the stomach so large. Stimulation is rapidly replaced by sedation until surgical anæsthesia is reached, at which time the vaso-motor, cardio-motor, and respiratory centres alone remain capable of performing reflex functions. Here let us add, parenthetically, that the essence of a reflex act consists in the transmutation by the irritable protoplasm of a nerve-cell of an afferent into an efferent impulse. If we now divide the reflex centres into sensori-motor, ideo-motor, excito motor, and inhibitory, we will be the better able to follow this rapid growth, and as rapid decline, of nervous irritability. The sensori-motor centres are chiefly situated in the medulla oblongata and spinal cord, and reflex action through these centres places the organs of special sense in a fit state to receive and transmit impressions. Those purely material centres are again connected with their respective ideo-motors situated in the convolutions of the cerebrum, and this last connection is apparently the psycho-material telephone between matter and mind. Through it the individual becomes conscious of external impressions ; and were this link destroyed, organic aptitude still remaining, we would have what might be called " ideo-coma." Bearing in mind that the primary action of chloroformic vapor is stimulant, we can readily understand how the circulating anæsthetic excites the conscious centres of special sense, and why those senses are, for a time, more acute than normal. The functions, then, of the cerebral convolutions being eminently psychical, different areas being the seats of muscular consciousness for different muscular groups, these areas are called into action only when intelligent consciousness and volition are needed. The cerebellum, on the other hand, is the co-ordinating centre of muscular precision for voluntary movements, and the basal ganglia are the semi-conscious centres through which the different impressions are carried and returned from their various conscious and co-ordinating areas. What then might be expected but, that the primary chloroformic incitation of those encephalic centres should give rise to an unusual supply of muscular force, an exactness of muscular movement, and a rapid evolution of ideas, derived in part at least, from immediate external impressions. Should this quickened consciousness, this cerebral power to generate ideas manifest itself in the form of a powerfully depressing emotion, such, for instance, as " fear of instantaneous death," the special centre in which this originates may also generate a motor impulse which, if reflected on the pneumogastric, may inhibit the heart in diastole. In this way only can we account for many of the unexpected deaths which have occurred, without apparently sufficient cause, during the earlier stages of chloroformization.

The above leads us to another consideration. The more thoroughly educated are particular ideo-motor centres, the more highly differentiated their constituent nerve-cells, and, as a consequence, the more irritable and rebellious to anæsthetic influence. Now, the cardinal principle in man is self-preservation; in woman, preservation of the species. Man is aggressive ; woman emotional. As a result of this psychical difference, we generally find that the actions and incoherencies of male subjects during the period of chloroformic excitation are of the combative variety. Women, on the contrary, may display the emotional by singing, etc., but their thoughts and sensations usually run in procreative channels. From this peculiar action on the softer sex, we deduce the practical rule: Never anæsthetize a female excepting in the presence of a third person.

Let us next see what may be learned from the state of the pupil. In the iris we find two sets of muscular fibres, supplied by two sets of motor nerves originating in two different centres. The circular fibres *(sphincter pupillæ)* receive their efferent nerve supply through the motor oculi from the motor tract of the pons varolii and the corpora quadrigemina; the radiating fibres *(dilator pupillæ)* are supplied by the sympathetic from the ciliospinal centre situated in the spinal cord between the 6th cervical and 2nd dorsal nerves. By irritation or paralysis of one or other of these musculo-nervous mechanisms, contraction or dilatation of the pupil is accomplished. Now, the cerebro-spinal system responds more rapidly to excitation than the sympathetic, consequently, the trophic stimulation of chloroform reaches the sphincter pupillæ before the counteracting sympathetic impulse arrives in the dilator fibres, and the first phenomenon noticed in the pupils is contraction. The equilibrium is soon established, but is of short duration, and as the pons varolii begins to yield, dilatation increases. The rule then is: the pupil is dilated during surgical anæsthesia. When death occurs before surgical anæsthesia has been reached, and when, in this case, we find a contracted pupil, the surgeon not having commenced to operate, death is usually due to the audacious or ignorant chloroformist. He has crowded the vapor on the patient; the blood has been called to the abdominal organs and, as a consequence, this chloroformized blood has paralyzed the sympathetic system. The pupil contracts, and I need scarcely add that death begins at the heart.

When surgical anæsthesia is reached, touching the corneal conjunctiva fails to excite palpebral reflex. This reflex act is, excepting dilatation of the pupil, the last of those of the "life of relation" to disappear, and the time of its abolition is yet far enough removed from the period of toxic accidents produced by chloroformic drowning. On the other hand, returning consciousness is first indicated by the restoration of palpebral reflex in the form of fibrillary contractions of the inferior eye-lid. That contractions can be first awakened in the lower eye-lid is due to its chief nervous supply being from the portio-dura, while the upper eye-lid is, in the greater part, supplied by the patheticus and motor oculi. If, then, we pay attention to palpebral reflex, we can, after anæsthesia is reached, regulate inhalation by suppressing and recommencing according as we cannot or can excite contractions in the lower eye-lid. A minute observation of this phenomenon must not, however, exclude an attentive surveillance of the rhythm of respiration, and general muscular relaxation. The difference noticed in the doses required to produce toxic effects in different individuals is chiefly due to personal idiosyncrasy, the purity of the chloroform and the method of administration.

Vomiting is of more frequent occurrence under ether than chloroform. This is in a large measure due to the more grateful odor of chloroformic vapor, and the comparative shortness of the period of excitement. When vomiting occurs in the primary stage of inhalation, it is produced by pharyngeal reflex and is accompanied by nausea due to cerebral anæmia. The chloroform which produces such vomiting is dangerously impure and should be at once discarded; it will assuredly produce cardiac syncope by trifacial or superior laryngeal reflex. A less impure article will usually produce vomiting during the anæsthetic stage, though here the amount of air which has been swallowed plays a part. This air irritates the terminal fibres of the gastric plexus, and by reflex through the vomiting centre, the phrenic nerves stimulate the diaphragm to fixity, and the vagi produce expulsive efforts of the stomach. Nausea is absent. Pure chloroform seldom produces vomiting, provided the patient's stomach be empty. Let us then order our patients not to eat any solid food for twelve hours, or swallow liquid food for four hours before we commence to operate. Of course, we do not include in this last category the usual glass of brandy which, if given, should be administered immediately before placing the patient on the operating table. Furthermore, we should prescribe gargles of bromide of potash to lessen pharyngeal susceptibility, and use only pure chloroform. With these precautions vomiting is generally avoided, and this alone is a matter of much moment, especially in abdominal surgery.

Chloroform anæsthetizes by producing a temporary sclerosis of the afferent nerve-cells of the cerebro-spinal system, and by inhibiting the molecular interchanges of animal chemistry. It is however an open question as to whether the motor nerves of animal life are affected by chloroform, but from its action on the heart it would appear that the organo-motors are, at least, rendered paretic. Anæsthesia commences at the periphery and proceeds towards the animating and co-ordinating centres of animal and organic life. Owing, however, to a more liberal nerve supply, some portions of the integument are more hyperæsthetic than others. Thus, in surgical operations on the external organs of generation, particularly in females, we find that reflex action may be excited in the parts, though the remainder of the periphery of the trunk be anæsthetized. Anæsthesia, in these cases, needs be as profound as if we were going to amputate below the elbow or knee joint.

Confirmed alcoholics are more or less refractory to anæsthetics, and in reducing old luxations on those subjects we are often unable to obtain complete muscular relaxation by confining ourselves within the ordinary limits of surgical anæsthesia. One reason for this is, that the cortices of the motor centres having been previously hardened by alcohol, are not as rapidly affected by chloroform.

The antispasmodic properties of chloroform are of signal service in poisoning by strychnia or brucia. The tetanic convulsions, opisthotonos and fixation of the diaphragm, in these cases, indicate an exalted reflex irritability of the spinal cord. Anæsthesia destroys this hyperæsthesia and relaxes the clonic spasm of the respiratory muscles—a spasm which produces death by apnœa. Chloral hydrate, potassium bromide, Calabar bean and nicotia are usually recommended as physiological antidotes to strychnia, but chloroform by inhalation is our main reliance. We of course advise that tannin be administered, the stomach evacuated whenever it is possible, but the respiratory spasm must be relieved and kept in subjection.

Inhalations of chloroform have become classical in the treatment of puerperal eclampsia, but to elucidate, if possible, the rationalé of this medication we needs must make a cursory etiological survey. Here, then, whether anasarca or albuminuria be present or otherwise, we are supposed to find an excess of urea in the blood, and many believe that the convulsions of puerperal eclampsia are due to the action of the carbamide on the nerve centres. Late French experimenters, however, assert that there is no such thing as "uræmia," that what has generally been accepted as uræmia, should be called "potassæmia," that the potassium salts are present in excess in the blood current of uræmic patients, and that toxic injections of potassium salts will produce what, up to the present, has been known as uræmic poisoning. We cannot accept either explanation, because we cannot hide from ourselves the broad fact that under the influence of intra-venous injections of any alkali, carbonic acid gas is so rapidly evolve into the blood current, that the pneumic acid o the lung tissue cannot liberate the whole volum of the carbamide, and as a consequence, the comatose condition which we meet with in uræmi poisoning is induced. Then, too, coma an eclampsia are not synonyms. In candidates fo puerperal eclampsia, we find a partial or complet suppression of urine with a uriniferous, ammoniacal odor evolved from the body and excretions convulsions follow if the suppression is not relieved. Now we cannot produce convulsions b subcutaneous injections of either normal urine, o ammonium carbonate, but by a mixture of both or by a subcutaneous injection of ammoniaca urine we can readily simulate an attack of eclampsia. Thus, then, it would appear that by th retention and re-absorption of the products o dis-assimilation, the urea of the blood current i decomposed into ammonium carbonate and carbonic acid, and a urino-ammonæmia generated. During pregnancy, too, the nervous system i continually storing up a reserve force to carry th patient through the parturient act, and the urino-ammoniacal products, by directing this laten energy in improper channels, give rise to tha state of exalted reflex irritability which we cal "puerperal eclampsia." Chloroform fits in her like a statue in its niche. The anæsthetic, b irritating the diabetic centre in the medulla oblongata, produces glycosuria. This glycosuria, i turn, prevents the further decomposition of ure and aids the system to overcome the morbid effect of misdirected animal chemistry. Thus, then, th good effects of muscular relaxation are not th only gains from administering chloroform in puerperal eclampsia.

Since the British queen, while giving birth t her eighth child in 1853, forced her accoucheur to give her chloroform, the practice has becom fashionable, especially in England. It has bee urged that we thus silence the pains of labor, an that those pains are necessary to the expulsion o the child, consequently we should not administe the anæsthetic. One moment's reflection wil show us that the terms "pain" and "uterine contraction" are not synonymous. In fact the pains o the first stage of labor are usually referred to th lumbar portion of the spine, and ice-bags place in this region will relieve the pain without retard ng the labor. Chloroform is often administered at this stage, but surgical anæsthesia must not be produced; our objective points being to blunt susceptibility and relax a rigid os uteri. This accomplished, then we must cease: if we do not, we will produce complete relaxation and invite post-partum hæmorrhage. In ordinary surgical cases, however, hæmorrhage is lessened by using chloroform as an anæsthetic, but the accoucheur cannot avail himself of its coagulating properties. The reason of this is in part anatomical: the maternal arteries and veins at the placental site are not connected by capillaries. The pains of the second stage of labor are generally due to forced dilatation of the soft parts, and it is at this time that we usually administer chloroform. The method should be intermittent, that is, we should remove the inhaler as soon as the pain has passed off. A sort of numbness of the parts is all we wish to obtain, and this point reached is quite sufficient.

After the preliminary increase of arterial tension produced by chloroform, the circulation becomes slower, the leucocytes oscillate and are arrested first in the capillaries, then in the arterioles, and finally in the larger vessels. The red globules agglomerate and form magmæ, which disappear when the pulsations become normal. The blood-vessels, owing to the absence of vaso-motor impulse, become constricted in calibre, and if anæsthesia be carried beyond surgical limits, vascular areas, which were well marked when the circulation was active, grow paler and are gradually effaced. This last explains why cessation of hemorrhage is a signal of danger. Those coagulating and constricting properties, however, recommend chloroform as *the* anæsthetic in all operations on the eye. The same, too, has been turned to advantage in connection with Esmarch's bandage in the treatment of external aneurisms.

The number of deaths which have occurred under chloroform, and I may add ether, under the first stroke of the surgeon's knife, leads us to inquire—Is it or is it not better to commence to operate before surgical anæsthesia has been obtained? The gravest accidents from anæsthetics are cardiac and respiratory syncope, but each form is brought about by an entirely different mechanism. Cardiac syncope is the result of a complete reflex act, and is by far the graver of the two. The mechanism of production is the following: Through shock to a sensitive nerve-fibre, a centripetal impression is carried to the rachidian bulb and there transformed into a centrifugal current which, on passing down the vagus, inhibits the heart in diastole. What makes cardiac syncope so dangerous is that the heart is already too feeble to empty its ventricles at each systole, the excito-motors of the heart are not in a physiological state, and are so thoroughly overpowered by vagus inhibition that they fail to respond. To use an Americanism—The excito-motors of the heart come up groggy, and are "Sullivaned" by the first pass, which causes powerful vagus inhibition. Let me correct what was an error in practice by saying, that vagus inhibition may readily be produced by faradization of the phrenic nerve by an electrical shock to any portion of the periphery, the patient being under chloroform; consequently, in either form of syncope, we should never employ the faradic current. From the foregoing data we must conclude that we should never commence to operate until surgical anæsthesia has been reached. Surgical anæsthesia may be defined as loss of consciousness, complete abolition of sensibility, of voluntary movements, and of reflex action in the nerves of the "life of relation." To guard more carefully against cardiac syncope, it is our duty to give our patient, before placing him on the operating table, a hypodermic of atropine as a vagus paralyzer, and, if you wish, a glass of good liquor as a heart stimulant. With these precautions and with pure chloroform properly administered, there is no danger of cardiac syncope, or contra-indication from heart disease.

In respiratory syncope the centripetal excitation is carried to the rachidian bulb and there arrested. The reflex act is not completed. Centripetal excitation is not transformed into centrifugal incitation. It is usually due to anæsthesia being too profound, and as a rule can be overcome by resorting to artificial respiration. As patients under morphine require less chloroform to produce anæsthesia, a hypodermic of this alkaloid is indicated as a prophylactic against respiratory syncope. Our hypodermic, then, should contain—morphia $\frac{1}{4}$ gr., atropine $\frac{1}{60}$ gr.

I can best conclude this paper by giving as a *résumé* the following practical rules of procedure, which I take from the *Gazette des Hospitaux*, of Paris:—

1. The compress is to be preferred to all other

means; a handkerchief is to be had everywhere, and alarms the patient less than anything else. 2. Fold the handkerchief into the form of the mouth of a horn, and keep it closely pressed against the point of the nose, but pour the chloroform only on the part of it which is not directly in contact with the skin. 3. Its application should be intermitted, but this need not be done in the precisely regulated manner recommended by Prof. Gosselin. 4. Give very little chloroform at the commencement, in order to accustom the patient to it, and prepare him for the feeling of suffocation. Then when the first inspirations are over, pour on the chloroform very often, otherwise much time will be lost, and complete anæsthesia obtained with difficulty. 5. Before commencing the application, take care that no article of dress constricts the patient, removing even the string of a cap. 6. Expose the epigastrium, and from the very commencement keep the eye on it, and *constantly* watch the respiration without caring about the pulse. 7. Always have a forceps within reach. 8. As soon as the respiration becomes noisy and stertorous, remove the compress and allow the patient to breathe fresh air for a time. 9. When respiration is arrested, seize the tongue with the forceps and draw it out, and immediately commence artificial respiration. If the respiration is not re-established after a few minutes (seconds), place the head low, forcibly flagellate the cheeks, keep the tongue out, and continue the artificial respiration for five, ten, fifteen, or even twenty minutes, if necessary. 10. When respiration is noisy, pass into the back of the throat a sponge mounted on a forceps, in order to remove the mucosities existing there, as they frequently do in patients suffering from colds. 11. There is but one contra-indication to the employment of chloroform, viz., advanced phthisis. Affections of the heart are not contra-indications. 12. Hysterical subjects should be distrusted. 13. Alcoholic subjects are very tedious and difficult to bring under the influence of chloroform, but they are not dangerous.

GASTRORRAPHY AFTER GUN-SHOT WOUND OF THE STOMACH.

BY P. MANSON, M.D., VIRGINIA CITY, NEV.

I was called in haste on August 3rd, 1883, to see J. F., æt. eleven years, who was accidentally shot at a foot race from the careless handling of a large-sized forty-four calibre revolver in the hands of another party. I arrived about twenty minutes after the accident; Dr. Hall was also in attendance a few minutes before me. We found the patient suffering intense agony, with two large external wounds. The aperture of entry was on the left side, between the tenth and eleventh ribs, and the aperture of exit in the centre of the linea alba, an inch below the ensiform cartilage. From the latter wound there was a protrusion of omentum with slight discharge of bloody fluid, which seemed to have come from the stomach or upper intestines. Gas was also occasionally escaping from the anterior wound. The pulse was good.

It was very evident that there was a perforating wound of either the stomach or intestines. We suspected the stomach, from the fact that the course of the ball between the two external wounds would be in close proximity to that organ. There were frequent efforts at vomiting, but nothing ejected by the mouth except a little mucus, notwithstanding he had shortly before eaten his lunch. In consultation we were agreed that there was perforation of some of the abdominal viscera, with extravasation into the peritoneal cavity. We advised enlarging the external wound, suturing intestinal or gastric lesions and cleansing the peritoneum of any foreign matter, as being the treatment that would place the patient in the most favorable condition for recovery. The boy's parents had not arrived, consequently we had to wait until they came. In the meantime we tried to relieve the patient's suffering by hypodermic injections of morphine, and to sustain his strength by hypodermic injections of brandy. His father who was at work some three miles distant arrived in about three-quarters of an hour. We stated the nature of the case to him, advising the operation as being the only treatment that would place the boy in any possible condition to recover. He hesitated to give his consent to such an operation, and as time was precious we suggested that more counsel might be agreeable to him under the circumstances. At his request Dr. Bronson was called in. After examining the case he at once agreed with us as to the course of treatment. The mother having in the meantime arrived, both parents were reconciled to leave the case in our hands. The morphine, one-eighth grain hypodermically, had not given any relief. The poor fellow's suffering was intense. During the past hour his pulse had failed considerably. Spirits good. After placing the patient under chloroform, we made an incision from the lower edge of the anterior wound down the median line, sufficiently large to allow a thorough exploration of the cavity, causing the protrusion of some of the small intestines and the discharge of about a pint and a half of bloody fluid from the peritoneal cavity, mixed up with a quantity of half-digested food. In searching for the cause of this extensive extravasation, we found an extensive laceration two and a half inches long through the anterior wall of the stomach, to the left of the median line, corresponding with the course of the ball, allowing the contents of the stomach to escape into the peritoneal cavity. We could not find any other wound perforating the stomach or bowels. The bullet had passed along the wall of the stomach, laying it open without entering its cavity, passing out at the mesial line. The peritoneal cavity was carefully cleansed, the escaped intestines returned after all foreign matter was removed, and the rent in the stomach closed by continued suture and also secured to the external wound, in hopes of getting additional adhesions to the abdominal wall and more thoroughly preventing any further extravasation into the cavity. The external wound was then closed, dressed, etc.

Our little patient stood the operation well and expressed himself as feeling comfortable. He was now free from pain and vomiting. Before and during the operation he was making frequent efforts at vomiting, but only vomited once afterwards. All that he now complained of was excessive thirst, which continued until his death. The operation did not increase the shock as much as might have been expected. However, his strength continued to fail until three o'clock the following morning, eleven hours after the accident, when he became unconscious, arms slightly convulsed, and died at half past three.

Although this case proved fatal, as all other cases of the same nature have done, still I think that in cases of gun-shot or incised wounds perforating the stomach or bowels, it goes far to show the importance of enlarging the external wound, suturing perforations, and thoroughly removing all foreign matter, not trusting to luck in these cases. What possible chance had this boy to recover with a rent in the walls of the stomach two and a half inches long, and the contents of the stomach emptied into the peritoneal cavity, without an operation of this kind? And what could be expected from an expectant plan of treatment in a case like this, but the death of the patient? The operation certainly placed this patient in the most favorable, in fact, in the only condition possible for him to recover. In our treatment we were only carrying out the rule in surgery: that no matter how severely the patient is injured, treat him or her as if you expected recovery. In the future, should I be called upon to attend a case of shot or punctured wound of the stomach or intestines, where there was reason to believe that there was extravasation of fæcal or other matter of a dangerous nature, I would not hesitate to recommend the same treatment. In *Gaillard's Medical Journal*, January 13th, 1883, there is an article by J. Marion Sims, copied from the *Brit. Med. Journal*, strongly advocating the importance of enlarging the external wound in all cases, whether shot or punctured, and searching for injured bowel and suturing lesions, and permit me to copy the following quotations from Dr. Sims, giving the opinions of some eminent surgeons on this subject. Otis says of shot-wounds of the small intestines of any magnitude, "the pathological evidence of recoveries achieved by the unaided efforts of nature, even through the establishment of a preternatural anus, is limited to very few instances, of which none are absoluely unequivocal. Therefore, in wounds of the viscus unattended by protrusion, when there is danger of extravasation, the external wound should be enlaiged and the wound in the intestine closed by suture."

Dr. J. S. Billings says, in a letter to Otis: "In regard to penetrating wounds of the abdomen where there is reason to suspect intestinal injury, it appears to me to be proper to enlarge the opening, if necessary, to ascertain the nature and amount of injury, to remove foreign bodies and extravasated matter, to employ sutures or ligatures where needed and to cut these short and return the injured viscera. Especial care should be taken to prevent even the smallest particle of fæcal matter from escaping into the peritoneal cavity and to remove such as may escape."

Professor Hunter McGuire expresses himself thus: "Penetrating wounds of the belly are nearly all fatal, and we must look for some other means of saving life than we now have. If the shock, thermometer, etc., indicate wound of the bowel, cut down and sew it up. You say this is desperate. I answer, the cases justify it. We must do something more than give opium and use ice-poultices."

Dr. H. S. Hewitt says: "It is next to an impossibility when a soldier is wounded in the abdomen, with lesion of the intestines, that their contents should not escape into the peritoneal cavity. I think it admits of question, whether greater effort should not be made to seek out the wound, to close it with silver wire and to endeavor to obtain primary union, while peritonitis and constitutional disturbances are treated on general principles."

Professor N. S. Lincoln declares that, "In punctured and incised wounds, when there is adequately strong presumptive evidence of intestinal lesion though there may be no protrusion, it is the surgeon's duty to enlarge the parietal wound to seek for the wounded intestine, and to close the orifice, if it exceeds three lines, by suture. That in shot wounds of the intestines unattended by protrusion, unless the perforation may be in the iliac region with a reasonable likelihood of implicating the part of the large intestine uncovered by peritoneum and thereby avoiding the risk of intra-peritoneal extravasation, it is the safest course to enlarge the tract of the ball and to close the intestinal wound by suture."—[Letters from Drs. Billings, McGuire, Hewitt and Lincoln to Otis, published in "Medical and Surgical History of the Civil War."]

Prof. S. D. Gross says, "When we reflect on the fact, that in all lesions of this kind the great danger is from fæcal effusion and that such effusion is almost inevitable even when the opening in the intestine is of very small extent, the duty of the surgeon, I think, plainly is to enlarge the abdominal orifice, to seek for the wounded tube, and to sew up the cut in the usual manner."

Dr. Sims in his article says, "I would therefore insist in leaving nothing to luck, but to explore and suture all intestinal and bladder wounds alike, under all circumstances." He further says, "In the treatment of perforating shot and other wounds of the abdomen, we should strictly observe the following rules:

"1. The external wound or wounds should be enlarged as soon as possible and sufficiently, to ascertain the whole extent of the injuries inflicted.

"2. These should be remedied by suturing wounded intestines and ligaturing bleeding vessels.

"3. Diligent search should be made for extravasated matter, and the peritoneal cavity should be thoroughly cleared of all foreign substances, whether fæcal or bloody, before closing the external opening.

"4. The surgeon must judge whether the case requires drainage or not. Generally it will not, if the rules be strictly carried out. We must not forget that fæcal effusion has taken place after intestinal wounds have been sutured, simply because the surgeon failed to find and suture all the lesions. And we must not forget that fatal results have followed enterorrhaphy when thoroughly done, simply because fæcal effusion had taken place before the intestine was sutured and had been left in the peritoneal cavity, producing death as speedily and as certainly as if the lesion had not been found and closed. Therefore it is essential not only to find all lesions and remedy them, but to be sure that we leave the whole cavity of the peritoneum perfectly clean."

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REPORT ON MEDICINE, MATERIA MEDICA, AND PHYSIOLOGY.

(Ontario Medical Association, June, 1883).

BY A. HAMILTON, M.D., PORT HOPE, ONT.

THE TUBERCLE BACILLUS.—Within two years Koch, of Berlin, announced his discovery of a specific cause for pulmonary phthisis in the tubercl bacillus. There being too large a supply of credulity in the ordinary medical mind, this was to readily accepted. Many rushed off to carbol acid as the specific in therapeusis. The other sid of the question has now been heard from. It come from the Vienna school. Dr. Spina, who has lon been chief assistant to Stricker, and whose capabi ity cannot therefore be questioned, maintains, a the result of his observation, that the form of th bacillus is variable, such variations depending o the tissue and the local conditions. The objectio is a fatal one, if the variation of form be considerable. The form of a specific animalcule in genera has a fixity, by which it is known. Considerabl variation in this shows, unless otherwise explainable, that it is not an animal entity, and so destroys it as a specific cause. From a practical stand-point, Koch's theory has received a severe blow in two cases which have recently occurred at Nothnagel's clinic. In both cases tuberculosis was diagnosed, because bacilli were found in the sputa. Post mortem examination showed them to be examples of bronchiectasis ; no tubercles were found at any point. Dr. J. Dreschfeld (*Brit. Med. Jour.*, Feb. 17th) holds that they are absent in non-tubercular chronic pulmonary affections (bronchiectasis, emphysema, fibroid pneumonia, anthracosis, catarrhal pneumonia, and syphilitic disease of the lungs). The probable end of Koch's theory is likely to be laid on the shelf beside the parasitic etiology of diphtheria, and that the verdict upon both will be that cause and effect have been mistaken. The ecretions become putrid from heat and the bacilli are there naturally developed as part of the process of decay ; they are not causative at all. Satterthwaite, in a paper before the N. Y. Academy of Medicine (*Med. Record*, Oct. 28th, '82), and subsequent discussion, shows that we have not yet sufficient grounds for believing in the bacillary and nfective nature of tuberculosis, but that bacilli of a peculiar nature were frequently to be made out n phthisical sputa.

MYXŒDEMA.—Dr. A. McL. Hamilton's article *N. Y. Med. Record*, Dec. 9th, '82) is a valuable summary of the principal papers upon the newly described clinical entity, myxœdema. He is inclined to the view that the disease is dependent upon a "lesion, primarily, of the bulb, with secondary extension to the postero-lateral columns of the spinal cord and the sympathetic ganglia." He thinks that an associated renal disease is the resu t and not the cause of the myxœdema.

BY J. GILLIES, M.D., TEESWATER, ONT.

CONVALLARIA MAIALIS, or Lily of the Valley, is new remedy for heart disease. The active principle is an amorphous bitter glucoside, called convallamarin, obtained by treating the aqueous extract of the flowers by alcohol and chloroform. Dr. Sus' conclusions are as follows :

1. It is one of the most active cardiac remedies.

2. In doses of from ½ to 1½ grammes daily of the aqueous extract of the entire plant, it produces on the heart, blood-vessels, and respiratory organs effects constant and constantly favorable.

3. It produces copious diuresis.

4. Therapeutic indications :—(*a*) In palpitation due to exhaustion of pneumogastric. (*b*) In simple cardiac arhythmia, with or without hypertrophy, with or without valvular lesions. (*c*) In mitral constriction. (*d*) In mitral insufficiency, especially when there are pulmonary congestions. (*e*) In Corrigan's disease, the peripheral arterial pulsations disappear and respiration becomes markedly restored. (*f*) In dilatation of the heart, with or without (1) hypertrophy, (2) fatty degeneration, (3) muscular sclerosis. (*g*) In all cardiac affections, indifferently, from the moment that watery infiltrations appear, it is prompt and certain in its action. (*h*) In lesions with dyspnœa, the effect is less marked. In cardiac asthma, in combination with iodide of potassium, it is most useful. Finally, in cardiopathies with dropsy, the convallaria surpasses all other remedies. It has no deleterious effect and no cumulative action.

Some efficient drug having the action claimed for convallaria is certainly a desideratum in practical medicine.

ADONIS VERNALIS.—Dr. Bubnow believes that adonis is positively preferable to digitalis in cases of organic heart disease ; and he finds that, like the convallaria maialis, it is not cumulative in its action. It belongs to the Ranunculaceæ.

VIBURNUM OPULUS. — Hall recommends high cranberry as a powerful anti-spasmodic. It is known among American practitioners as Cramp's bark. It is said to be very effective in relaxing spasm and cramps of all kinds, as asthma, hysteria, cramps of the limbs and other parts during pregnancy ; but it is in spasmodic dysmenorrhœa that it seems especially indicated. Hall prescribes a few drops of the tincture for a week previous to the expected time. When the pains begin he gives it every half hour, and if severe, every quarter hour. According to Hall, in neuralgia and spasmodic dysmenorrhœa it has yet to meet with a single case which it has failed to cure.

CAFFEINE IN HEART DISEASE.—Prof. Lepine claims that caffeine is as efficacious as digitalis in retarding the heart's action and in increasing its force. In comparing the relative merits of the two drugs, he asserts—

1. It acts more rapidly than digitalis, and in fatty heart where the latter is contra-indicated, there is no doubt but that it does good.

2. It is tolerated better than digitalis.

3. Most patients prefer it to digitalis.

Where caffeine produces insomnia it is contra-indicated. To produce benefit the dose must be from 9 to 30 grains.

IODOFORM.—Iodoform is highly recommended in diphtheria. The manner of using it is as follows: It is applied locally to the patches in its purity, with a camel's hair pencil, every two hours. Others use it by spray, in the aqueous solution; in this way it corrects fetor. According to Billroth, we possess no antiseptic, not excepting carbolic acid, that is so trustworthy in making a foul wound sweet.

It is affirmed and denied that it possesses anti-tuberculous properties. It has an influence almost specific over tuberculous swellings and ulcerations. Dr. Henry claims to have cured a number of cases of tonsillar hypertrophy and ulceration by iodoform spray. Its odor is an objection to its extensive use.

BY H. MCKAY, M.D., WOODSTOCK, ONT.

PHYSIOLOGY seems to be recovering from the concentration of effort put forth at the International Medical Congress in 1881. In spite of the anti-vivisection embargo, the past year has shown advances, although chiefly on the old lines.

The Spleen a Portal Heart.—Dr. C. S. Roy has further developed his discovery that the spleen is the seat of perfectly rhythmical contractions and dilatations, independently of cardiac and respiratory movements. That in fact the spleen may be regarded as "a portal heart." This appears to be a new and important fact in physiology.

The Heart's Action.—Cardiac physiology has received a good deal of attention and a new impulse has been given to the innervation and mechanical movements by the opportunity afforded for observing the effects of stimuli directly to its substance in the case that occurred lately in Germany, examined by Ziemssen. A woman, æt. 45, had a tumor removed from the anterior wall of the thorax, which left the two ventricles and part of the left half of the diaphragm exposed. The following conclusions have been formulated: 1. That the contractions are evoked by the stimulus of alkaline blood to its mucous membrane (?), acting through the ganglia of the sympathetic whic are in connection with the vagus. 2. That thei rhythmical character ultimately depends upon th peculiarity of the muscular tissue; and, 3. Tha the compensating rest of the heart is due to th nervous structure which might be represented a opening and closing the current.

Important information has been published o "The mean pressure and characters of the puls wave in the coronary arteries," which appears t settle the question in favor of those who believ "the coronary arteries injected during the systol of the heart and not during the diastole. It i obvious the influence this would have on the nutrition of the heart in valvular lesions.

During the year important additions have bee made to our knowledge of the composition of blood as the discovery of a third or transparent corpuscle the use of the hæmatocytometer facilitating calculations as to the absolute number of corpuscles i the medulla of bones; also that the white corpuscles contain a ferment that plays an important par in fermentation.

"The location of cerebral function" has occupied much attention, as also "Cross-action of th cerebral nerves."

Dr. Brown-Sequard writes that he is "convince that irritation of the base of the brain and th adjacent motor regions causes convulsions mor frequently on the side irritated than on the othe The superficial parts of the brain produce chiefl cross-convulsions, but irritation in all parts ma cause convulsions on the same side, and that th chief foundation for the theory of psycho-mot centres and of the cross-functional relation betwee the hemispheres and the limbs must be considere to have lost its value; and that the excitor-mot zone of the cerebral surface, and indeed all th excitable parts of the brain, are capable of puttin in action the limbs of the same side as well those of the opposite." This is high authority f an opinion which no doubt will cause surgeons hesitate before resorting to operative procedure i such affections as epilepsy, paralysis, etc., whic it was supposed would be a sufficient guide to ind cate the primary lesion or seat of disease.

Function of the Sympathetic.—The sympathet nervous system, while closely connected with th cerebro-spinal, yet appears to have an independe action of its own. This is well illustrated by th act that the fœtus may arrive at the full time with ample perfection of the functions of organic life, while without any trace of brain or spinal cord. Observations also lead to the conclusion that the ympathetic enters largely as a factor into all functional and organic diseases. Dr. E. L. Fox, in his Bradshawe lectures, lately delivered, showed that Dr Woakes' idea that the "inferior cervical ganglia is a correlating nerve centre," may be expanded thus: the influence of emotion may be seen on the ervical ganglia (blushing), on the cardiac nerves palpitation), on the splanchnic, on the abdominal lexus, and especially on the vesical ganglia. He has also shown that, although the sympathetic may not be considered as a cause, it is a chief factor in inflammation by causing dilatation of the blood vessels.

BY W. MORTON, M.D., WELLESLEY, ONT.

Aborted Twin Pregnancy.—The accompanying specimen, manifestly that of a human fœtus in he early weeks of its development, was passed rom the vulva by a married woman, æt. 26, without pain, or other premonitory warning, at the reakfast table and unexpectedly. Seven or eight months thereafter she gave birth to a child at full erm. The question arises: Is it a case of twin xtra-uterine pregnancy, one of which aborted? ike the small green apple falling from its fellow. The last catamenial period terminated on March 1th, 1882. Coitus occurred on March 13th, and gain on March 29th and at no other time in the nterval. The fœtus was expelled April 10th. Delivery of a healthy and fully developed female hild occurred on December 20th, 284 days after he last catamenia, and 254 days after the abortion. This specimen is presented by Dr. Wm. Morton, f Wellesley, who states that, having been intimately acquainted with the family for years, he can ouch for their veracity and intelligence.

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IMMUNITY FROM INFECTIOUS DISEASES.

Y PROF. R. RAMSAY WRIGHT, M.A., B.Sc., UNIVERSITY COLLEGE, TORONTO.

eview, translated and condensed, from *Biologisches Centralblatt* for September.

I. A New Theory of securing Immunity from nfectious Diseases.

II. The Etiological Therapeutics and Prophylaxis of Pulmonary Tuberculosis.—H. Buchner, Munich and Leipzig, Oldenbourg, 1883.

The above-named *brochures* of Buchner have so much in common with each other that they may be discussed together. Buchner sees in the recognition of fungi as the cause of certain diseases, the greatest triumph which medical science has achieved in our century, but finds that the practical therapeutical consequences of the theory have been so far only very incompletely deduced. The attempts in this direction have hitherto been made in false directions—they either strive after protective inoculation, or direct combating of the fungi by the employment of antiseptics. It appears to be impossible to protect against all infectious diseases by inoculation; at any rate, it would be simply instituting a lesser evil for a greater. The internal use of antiseptics again is positively hurtful, for the poisonous action of antiseptic materials affects the tissues much earlier and more intensely than it does the much more resistent fungi. The very numerous cases of spontaneous cure of infectious diseases show, however, that there are circumstances under which the progress of a fungus-vegetation in the body is rendered impossible. Therefore it ought to be easy enough under favorable circumstances to prevent the beginning of such a vegetation, *i.e.*, to secure immunity. What means does nature adopt in her struggle, so generally successful, against the invasion of fungi? According to Buchner, inflammation is the weapon of the organism in such cases. The correctness of this view is established by an experiment made in 1877, which, however, he has not since repeated: A thread, impregnated with decomposing meat-decoction, was drawn through the middle of a rabbit's ear. When in a few hours the place in question was inflamed, the carotid of the same side was ligatured, and some of the same fluid then injected subcutaneously into the upper part of the ear. The result of these operations is gangrene of the ear; the gangrene, however, extended only over that part of the ear situated above the area of inflammation—the *part inflamed* proved itself an impassable barrier to the bacteria, so much so that the tissue lying below it remained unaffected. The inflammation caused in the first place by the bacteria is thus a self-protective reaction on the part of the organism, and in each case the question will only be, whether the inflammatory reaction can take place in the desired way, or whether the fungus-vegetations are so vigorous that they push aside the tissue cells and prohibit the inception of the reaction.

From this point of view Buchner attempts to answer the interesting question how it is that immunity from an infectious disease is conferred by a previous attack. The theories hitherto proposed he considers insufficient; he pictures to himself the process as follows:—When pathogenic fungi get in anyway into the circulation, they are carried by the blood into the different capillary plexuses, where they remain, endeavouring in struggle with the tissue cells to effect a settlement. The different kinds of tissues will, however, conduct themselves differently in relation to any particular fungus. Most fungi will be able only to survive the competition in one kind of tissue, but will perish in all others. In this one tissue the reactive inflammation will develope itself. This leaves behind it a permanent alteration which prevents a second invasion of fungi; and as the organ in question is the only possible channel of entrance for them, the purely local alteration is thus the cause of the immunity of the whole organism.

Buchner's reviewer (G. Kempner, Berlin) points out that many known facts range themselves against this explanation (*e.g.*, the tendency towards recurrence of erysipelas), but considers Buchner's suggestion as to inflammation protecting tissues against the invasion of bacteria, well worthy of attention and experimental investigation.

Buchner believes that nature's curative process may be imitated by the administration of arsenic, which in small repeated doses produces the first stage of inflammation in the tissue cells, *i.e.*, increased nutrition and activity, in which condition they are better fitted to engage in a struggle with invading bacteria. Buchner has found arsenic of the greatest service in tuberculosis; he gives daily 10 mg.* of a watery solution of acidum arseniosum 1 to 2,000, attaining this dose in a few days. He believes the therapeutic value of arsenic in malaria, skin diseases, &c., to be also due to its property of exciting inflammation.

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*10 mg. = 1-7 gr

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"One science only will one genius fit;
So vast is art, so narrow human wit."

TREATMENT OF HYDROCELE AND NÆVUS.

BY THOS. R. DUPUIS, M.D., ETC., KINGSTON, ONT.

I find hydrocele of the tumia vaginalis testis a comparatively common disease, and being very annoying on account of the inconvenience and deformity which it entails on the sufferer, it is desirable to have a quick, safe and efficient cure.

Several methods have been in use at different times and places, such as incision, excision, actual cautery, seton, and injection of the sac with various liquids after evacuating the fluid.

I have tried incision, the injection of iodine after tapping, the seton without first evacuating the contents, as recommended by Henry Smith, and the seton after evacuation of the contents, as recommended by Prof. Gross, of Philadelphia.

By each of the foregoing methods I have secured radical cures, but with varying degrees of trouble the last one having proved, in my hands, the most speedy and certain. I have operated on hydroceles containing very various quantities of fluid the greatest being ℥xxviii., and the smallest from ℥iii.–iv., and I have no reason yet to substitute any other method for that of the seton *after tapping.*

In operating to cure a very large one, I should first simply tap and evacuate the contents, and allow the sac time to partially fill again before ultimately tapping and inserting the seton. The reason for this is obvious. The method of using the seton which I am now advocating, is best given in Dr. Gross' own words: "The operation which I prefer to every other, both on account of its simplicity, its freedom from danger, and its never failing certainty, is performed in the same manne as by injection, except that the puncture is made a little lower down. After all the water has escaped, the canula is pushed on towards the superior part of the scrotum, where a counter-aperture is made by the re-introduction of the perforator The instrument being withdrawn, a piece of braid or narrow strip of muslin is passed through the canula by means of an eyed probe. The operation is finished by removing the canula, and tying the ends of the seton loosely in front of the scrotum." . . "Let the seton remain for twenty four to forty-eight hours, or until the scrotum i quite hard, and at least one-fourth as large as be re the operation. The part should meanwhile e well suspended, and the patient kept on his ack. For the first few days after the removal of e seton, fomentation of acetate of lead and pum are the most eligible. and these may be adually, but cautiously, succeeded by spirituous tions, dilute tincture of iodine, or mercurial ointent. The cure is usually completed within a rtnight." Dr. Gross states that he has performed is operation many times, and has never known to be productive of any ill effects, and to this stimony I can also add my own limited experince, and say positively that I have never witessed any bad results from it. In not over three ses, too great an amount of inflammation has tarded the cure, but in every one of these the atient himself, and not the operation, was to lame. In one instance the patient walked a disce of ten miles the second day after the operan ; in another the patient, immediately after the peration rode home, a distance of thirteen miles, nd then went to choring about his farm ; in the ird the seton was left in the scrotum too long a e, namely, about four days.

They all got perfectly well, however, although eir recovery was somewhat delayed. But accints like these might happen after any method of erating, and perhaps with less favorable results. I have used this method almost exclusively in pital for the last five years, and in my private actice for about ten years, having several times ed it where an injection of iodine had failed, and that I have operated upon have so far remained rfectly free from any return of the disease. I k so much of this plan, that in my clinics at e Kingston hospital for the last four years, I have commended it, to the exclusion nearly of all her means.

My apology for publishing this simple article in ur columns is, that in conversation with other rgeons, I have found many who have never actised this operation, and some who have never ard of it, and believing this to be the best operan known, taking everything into consideration, am persuaded that it is not amiss to direct atten on to it in this manner. I may say in conclusion at other things besides these mentioned may be d for a seton, as a piece of silk twist, two or ree coarse linen threads, or a piece of small ine.

Some of your readers may remember the case of a child eight months of age, with a nævus upon its upper lip, which I presented to the surgical section of the Canada Medical Association, Kingston, in Sept. last.

The tumor was about the size of a ripe cherry, situated to the left of the mesial line, and midway between the ala nasi and the margin of the lip, forming a purplish, semi-globular projection externally, and causing a bulging of the mucous membrane internally, and becoming tense and more marked in color when the child cried. I knew very well that small and large nævi admitted of different modes of treatment, but my mind was unsettled as to the propriety of removing this by excision, and hence I was desirous of getting the opinions of several experienced surgeons respecting the best treatment of this particular case. Nearly all that examined it, agreed that cutting it out would be the quickest way ; but some objected to this on account of the bleeding that might ensue, and others on account of the scar or deformity of lip that might result, and the majority seemed favorable to cauterization or electrolysis, rather than cutting. Dr. Hingston asked me how I intended to treat it. I told him that I had thought of excising it, but since hearing the opinions of other surgeons, I had half a mind to use the cautery. He said if it were his case, he would unhesitatingly cut it out, but if I inclined to cauterize it, he would advise the use of Paquelin's thermo-cautery.

As I had just finished the cure of a nævus, situated above the eyebrow, on a child a year old by the thermo-cauterè, I dreaded the frequent applications that would be necessary, especially in this case, and the scar that would almost unavoidably result from the eschar, and decided at once to excise it. On the 12th inst., assisted by my partner, Dr. Henderson, I removed with a pair of scissors a triangular piece the whole thickness of the lip, including the nævus, with the apex at the nostril and the base at the margin of the lip, and brought the edges of the wound together with pins in the usual manner. Bleeding was free but easily controlled by the pins and ligatures, and the healing of the wound has been rapid and perfect, today there being only a seam to mark the site of the tumor, and this in a few months will be scarcely perceptible. The interest in this case centres in the differences of opinion given by eminent surgeons as to the best way of dealing with such an affection, and the satisfactory result which has followed the quickest and certainly the simplest method of getting rid of it.

Correspondence.

To the Editor of the CANADA LANCET.

SIR,—I observe a printer's error in my communication of last month in regard to date which I would feel obliged if you would correct. The sentence reads as follows: "In 1822 the students of the Toronto School of Medicine did meet in friendly competition students of another school (Trinity) in the fourth year's examination, with the result that the Toronto School students did not obtain either of the two gold medals." It should read: In 1882 the students, etc.

Yours, etc.,

London, Oct. 20, '83. PRACTITIONER.

GRATUITOUS MEDICAL SERVICES.

(To the Editor of the CANADA LANCET).

SIR,—I would like to ask you or some of your numerous readers who have facilities at their disposal to give a description or account of the differences and resemblances in the *gratuitous* medical services, *rendered to those well able to pay*, in connection with our colleges, hospitals and boards of health. Also, how to reconcile such *gratuitous* services with the "Code." It appears to me nothing corresponding obtains in any other than the medical profession, and as far as I am able to judge the medical profession is not only much injured but much lowered in public estimation by the practice.

Yours, etc.,

October, 1883. M. B.

Reports of Societies.

MICHIGAN STATE BOARD OF HEALTH.

Reported for the CANADA LANCET.

The regular meeting of the State Board of Health was held in Lansing, Oct. 9, 1883, the following members being present: Arthur Hazlewood, M.D., of Grand Rapids; C. V. Tyler, M.D., of Bay City; J. H. Kellogg, M.D., of Battle Creek; and Henry B. Baker, M.D., Secretary.

The secretary presented his annual report, showing valuable accessions to the library by gifts and exchanges, also his quarterly report of work done in the office.

The Board was invited to hold a Sanitary Convention in Hillsdale; also to hold it in Ionia. Both invitations were accepted, and it was decided to hold the one in Ionia early in December.

The Board was also requested to translate the documents on the prevention of contagious diseases, in the Scandinavian and Finnish languages for the use of miners and others who do not rea English, and among whom both scarlet-fever an diphtheria are now present.

It was decided to hold a meeting of the Boar in Detroit, Nov. 13, to attend the meeting of th Public Health Association, and to transact suc business as may come before the Board.

A communication from the Chairman of th Ontario Provincial Board of Health gave notic of a Sanitary Convention at London, Ontari Nov. 16 and 17. Drs. Baker and Hazlewoo were appointed to attend this convention.

The secretary presented a resumé of the wor of other Boards of Health :—

The Boston, Mass., Board of Health has latel placed measles on its list of diseases to be reporte to the Board by householders and physician That Board has publicly offered to superintend th process of disinfection, if requested to do so b the householder. Dr. Kellogg thought it desirabl that Boards of Health superintend disinfectio after contagious diseases, where possible. H thought disinfection by sulphur would be mo efficacious, if carried on in a moist atmosphere.

Selected Articles.

CLINIC ON SKIN DISEASES.—BULKLE

Case I. PSORIASIS TREATED WITH CHRYSOPH NIC ACID.—This case is very interesting, from th fact that, without our intending it, we have ha quite a remarkable improvement in the eruptio from a treatment which has been advised, but whi has not been frequently employed—namely the i ternal use of copaiba. The patient came here fi on account of gonorrhœa, and not for his psoriasis, which he had had for twelve years, and was put on the treatment for gonorrhœa—on what is known as the Lafayette mixture—a mixture containing an alkali and a little spirits of nitre. When he first came, on April 12th, the psoriasis was in full bloom, very much more marked than now. He was given the mixture of copaiba, but with no local treatment, and as his gonorrhœa diminished his psoriasis greatly improved, so that now his eruption is not of half or quarter its former extent. He says there are no new spots, and, as you see, the eruption is fading. His name is J. B., aged twenty-four. He has had psoriasis for twelve years, with occasional improvement, followed by relapses or increase of the eruption from time to time, it having never entirely left him since its first appearence. What I show you now is not the eruption of psoriasis as you are apt to see it; it has decidedly faded, some of the spots have disappeared, and many are much broken into. On the elbow you will still find the white, slightly adherent, imbricated scales, which very readily come of with slight scraping; they are seated on a red base, which, as always, is perfectly distinct and sharply defined, and not with the indefinite outline commonly seen in eczematous patches. On scraping off the scales lightly we soon come to a membranous pellicle, which is adherent, and, if the scraping is carried still further, this comes off and is followed by the appearance of a drop of blood. The eruption, as you see consists of dusky-red spots, of a size varying from that of a minute pin-head to almost any size, always sharply defined, tending to cover themselves with a white scale, which, on being scraped off, leaves a red base, which bleeds very readily. Remember that the separate spots of psoriasis always appear first as small points, gradually enlarging, and that even when seen as patches of large diameter they have always thus begun; in some localities you may observe the mode of disappearance of the eruption, it gradually fading out, the scales ceasing to form, and finally the redness itself vanishing. We see on the legs very much less eruption than is usually seen on these parts; as a rule, in psoriasis, the legs have more of of the eruption proportionately than the body; almost always the patches are larger on the lower extremity, more scaly, and of a darker hue.

Differential Diagnosis.—Why do we speak so confidently of its being psoriasis, and state that it is absolutely impossible that it could be anything else? The reasons are found in the character of the lesions, taken in conjunction with the history of the duration of the eruption. There are only four eruptions which could with the slightest reason be supposed to be the one before us; these are: A squamous syphilitic eruption, an eczema, a ringworm, and psoriasis. First, of syphilis: This man has had the eruption for twelve years, with varying severity, and this eliminates syphilis absolutely, as such a general syphilitic eruption never continues that number of years. You may have an ulcerative syphilide for five or more years, but never an acute, distinct form of this kind. In the next place, the syphilide would be on the flexor and extensor aspects alike, while in psoriasis the extensor surfaces are always the seat of preference. In the general large papular eruption you could never have any such extensive patches of disease as are seen on this man's legs. Second, in regard to any possible form of eczema which might be mistaken for the present eruption. Eczema seldom, if ever, presents so many separate points of eruption as are seen here; and it may be said that it never exhibits so many of such small size and so sharply defined. Upon some portions of the body psoriasis may resemble eczema, and you see the characteristics it very commonly may take on on the lower extremities—namely, the patches are larger, more dusky-red, and of more undefined outline, often more resembling an eczema of the lower extremity. It would be difficult, but not impossible, to make the diagnosis from the eruption on the lip alone. In certain points this eruption might be thought to resemble ringworm, but yet you would certainly not have such a vast expanse affected with the parasitic disease, and an examination of the scales by the microscope would show the parasite in the latter. The individual spots present differences from those of body ring-worm in the pearly character of the scales, the absence of a clearing in the centre, and rather livid redness of the base of the psoriatic spots. We then make the differential diagnosis from syphilis, eczema, psoriasis, and ring-worm; and, recognizing the lesions of psoriasis, we conclude with certainty as to its nature.

This patient continued the use of balsam of copaiba until the eruption was a good deal faded and broken up, and some weeks ago he was put upon another treatment which has recently been advocated. He has been under the internal use chrysophanic acid, which has been reported on favorably by several observers, some claiming brilliant results from it. I have several patients under this treatment, but can not yet speak definitely concerning it. He began with a quarter of a grain, in a powder with sugar of milk, taken three times a day directly after eating; and a week ago I doubled the doses. It is best always to begin with a quarter of a grain, and after a few days give half a grain, and then a grain, until some effect is produced on the stomach and bowels. Some patients are said to have taken up to four or five grains several times daily. When you get to five grains there is sure to be purging and vomiting. He is under this treatment, and has not had any effect from it as yet; but we shall continue it for some time to come, and I propose to push this treatment in as large a number of cases as possible. I wish to give you at present time the diagnosis and treatment in these cases as we see them, and the theory of treatment I will give you later in the course.

Case II. Eczema Rubrum.—I bring you this woman to show you a leg which is scaly. It is a case of eczema rubrum of the left leg. She is forty-three years of age, attends to her own household work, being therefore more or less constantly on her feet, and has an eruption only on this leg. I merely want to show you that, although an eruption is scaly, although it is red, it may not be psoriasis. No case of eczema ever becomes psoriasis. The patient states that she had erysipelas eleven years ago, and that it broke out again two years ago and settled in her back. You will see a great many cases which are called erysipelas, and chronic erysipelas, of the face, etc. We all know there is no chronic erysipelas. It may be chronic by recurrence, but not such an affair as this. This is chronic eczema, which never presents numerous well-defined, sharp patches. See how uneven the edge is, and how it shades off into unhealthy skin; you get a certain amount of erythematous skin, you get it on one half of the body, or, if on the whole body, in continuous patches. This is erythema rubrum, and is one of the cases which, of all others, are perfectly treated with the rubber bandage. I am sorry I can not put it on to-day, to let you see how to do it. I am afraid this patient does not put it on tight enough. If this leg were exposed to the open air it would crust over, and if closed up at night there would be a surface that would exude moisture. Leave it alone and exposed to the air and that moisture tends to dry. If she had left it alone, untreated, and had scratched it, it would have a large crust; if treated with the rubber bandage there would be no crust upon it, but the scales would come off on removal of the bandage. She states that she left off the bandage for over a year, and that the leg was in as good condition as this until August; but in August, from over-fatigue, she had the eruption develop in spite of the bandage. The tongue is quite indented, and considerably cut; her bowels act every day; her water is much colored, and stains the vessel considerably. She is taking some medicine, but I do not know what it is. We expected her to say the water was stained. Most of the cases of eczema of the leg are connected with highly colored urine, with a heavy sediment of lime, or some other deposit, from imperfect elimination by the kidneys. It always recurs from over-fatigue or over-exertion.

Differential Diagnosis.—There is nothing like this disease at all, except psoriasis, and that does not come in such a profuse form.

With regard to *local treatment*, the bandage is the great thing; it is an invaluable addition, and she would hardly know what to do without it. We shall later on have an opportunity to see it put on, and then I will speak of the mode of treatment. For *internal treatment* you generally give diuretics, a cathartic, and usually some tonic with all.

Case III. Eczema Rubrum, with Varicose Veins.—Mrs. D. aged fifty-two. She had a milk leg—that is, the left leg was affected twenty-two years ago, and again nine years ago. About December 1, 1880, an ulcer made its appearance on the left leg from which there are large scars, and an eruption shortly appeared after it, and gradually extended up the leg, involving the greater part of the leg when first seen, January 1, 1881. I show you these patients that come back to us, as they are instructive. We get them well to a certain extent; they leave, and there is a relapse. Many of the eruptions have a predisposition to return. She first came to see us January 26, 1881, and was here under treatment for two or threee months. She got well under the rubber bandage, then she disappeared, and we did not see her again until September, 1882—a year and a half, which is, of course, a good immunity for a person who is on her feet all the time. The trouble came back in September, and it began on the 22d, four days before she was seen. Here we have the same lesion as in the former case, accompanied with varicose veins, with very considerable varicosities of the feet. We note here an erythematous condition, which disappears entirely on pressure and readily returns on taking away my hand. You notice the œdema of all the the parts. Most cases of eczema of the leg are associated with œdema, which is not necessarily owing to kidney causes. In this instance it is secondary to the milk leg, or phlegmasia, she had first twelve years ago, and again nine years afterwards. I think, if we want to have our patients remain cured, we must require them to wear the bandage continually, just as persons with certain deformities of the body require the continual use of a bandage or truss; for as a consequence of leaving off the bandage, we get an affair which seems like a purely local disease. You see some persons with varicose veins who do not have the eruption at all, while others, without having varicose veins, have the eruption. This is, I believe, wholly constitutional. We put her upon the treatment which is commonly prescribed here, and you will hear frequently of it; but I hope you will not consider it routine practice—that is the diuretic treatment. She is taking the acetate of potassium; it relieves the congestion of the skin, and certainly removes the disease. She is now taking thirty grains three times a day, in a little rheubarb-and-soda mixture, which is mainly used. Locally she had applied an ointment of salicylic acid and balsam of Peru. I merely mention that ointment, but can not speak further about it now; it is composed of about half a drachm of salicylic acid and a drachm of balsam of Peru to the ounce.

Case IV. Recurrent Eczema.—I now show you a case of recurring eczema in a child whom I showed you last year—a child who, when you saw her then, had an eczema all over the neck. She remained entirely well until this fall. We saw her here last March, with a history that when six months old she had an eruption lasting until eighteen months ago—I am reading the first record of March, 1881—and this eruption had been on the head for twelve months when we saw her. The head was the seat of a squamous eruption, and all the upper part of the neck, back, and chest was likewise affected with eczema rubrum. There is some moisture there now. She is over four years old, and, you see, is an exceedingly small child for her age. When you saw her last year the entire neck was the seat of a moist, exuding eruption. The head was entirely crusted over, and the child was suffering very considerably. There were enlarged glands in the neck, indicating a low vitality and a scrofulous condition. What she shows to-day is a small amount of scaling, which I wish you to look at closely. I want you also to see this eczema of the eyelids in a child, because such patients are taken to oculists and treated with blue-stone for years, while, if treated as eczema, they would get perfectly well. You see here a swelling of the lids which would not be here if it were not for this eczematous spot, and you find the remains of eczema on the lips. That, of course, may vary to any extent; there may be a thickened eyelid, and when you find it in eczematous subjects you can be pretty sure it can not be cured without proper constitutional treatment. There is a slightly reddened condition of the eyelids—a puffiness of the whole region of the Meibomian glands. Now, here we still see a certain amount of redness, and a certain amount of erythematous thickening, as the remains of the eczema. I have not seen her for a long time.

Eczema of the eyelids is treated frequently with stimulating solutions—with nitrate of silver, bluestone, etc., without effect, until the proper treatment for eczema is used. The erythematous condition of the neck is hardly worth seeing. She is better than she was a year or so ago. It is a little over a year since the child had any treatment at all. The scalp was crusted over and the hair matted down, and there was some eruption on the upper lip and on the arms when she came here, September 20th. She was given the syrup of the iodine of iron, a teaspoonful three times a day, and locally she was to use the ointment which you will see continually used, namely, the tar-and-zinc, two drachms of tar, and six drachms of simple ointment, or rose ointment. That treatmeut has been continued from the first; she has had nothing but the iodide of iron and the tar-and zinc ointment. I do not generally use the treatment with the iodide of iron in eczema; that was given in my absence. Although I do not wish to reflect any discredit upon this treatment, yet I do not use it; I do not know why, but I have not been as well satisfied with it as with other treatment. I shall put the child on a little arsenic and ammonia, or the citrate of iron, or the citrate of potassium and sweet wine of iron, made with Malaga wine, under which, I think, such patients improve faster than under the iodides.

CASE V. GENERAL DIFFUSE PAPULAR SYPHILIDE.—I show you quite a different eruption now, gentlemen, in a case of specific disease. I will say, once for all, that I consider it a good deal better to use the term specific disease, and I only use it for one disease—syphilis. Whenever I use the word specific it refers to that, and that alone; it saves me explanation and uncertainty. It is a case of early general diffuse, or general scattered, papular eruption from syphilis. The patient is a widow. She had one child, who died soon after birth. She has had the present eruption for the past three months. When seen a week ago, all the body, face, hands, neck, arms, and legs were covered with grouped papular syhilide, and she has mucous patches in the mouth I show you the case, gentlemen, for you to compare with the first case I showed you, the case of psoriasis, which in appearance this resembles to a slight degree. Here is a moist eruption which somewhat resembles psoriasis, but the scales of specific disease are always slight as compared with psoriasis. Specific disease does not tend to cover itself with scales, except in the tubercular form. This is a little dark, a little large, and a little too prominent to be confounded with psoriasis. Here is a very interesting point: you find here what is termed psoriasis palmaris syphilitica. Now, in any case of psoriasis you will find spots like that developed in the palms of the hand. If there is doubt in your mind, *there* is a point which would argue nine out of ten times in favor of its being specific disease. This is a general, large specific papulide. This woman's primary lesion must have attacked her within six months. There is no eruption on the soles of the feet. There is sometimes seen a little circular grouping of the lesions, but it does not happen to occur in this case; when it does occur it is perfectly pathognomonic. Here is the general large papular syphilide that might have been covered with more scales, and might in certain other cases represent psoriasis. Here is a wax model of the lesion; They call it *syphilide palmaire*, but there is no propriety in calling it that. Now, you notice I have made this diagnosis without a word from her. I do not care whether she had the primary lesion or not; there are characteristics which are absolutely positive. You will see the spots are solid, and are erythematous, and disappear on pressure; they are not stains; they may be acute and new, and there are also some stains left from the former lesion. There is some little analgesia, or loss of sensitiveness to pain, during the early acutely developed phases of syphilis. It is more common in women than in men. I have patients on this platform into whom I could stick a pin without their knowing it. There is entire loss of sensitiveness. We have here a general diffuse papular syphilide on the face, as well as on the body, and I should suspect the face if there were none on the hands. There are features here which might be mistaken for those of acne, and might be something else; but one point would lead us to diagnosticate syphilis, and that is the scattered appearance which the lesions present—I mean covering the whole face. You see an acne group, but never see an acne on the lip in that way She is under the "mixed treatment." I believe in giving her a slight amount of hydrargyrum early in the disease, and I believe occasionally a little iodide added to it will help the disappearance of the eruption. She is taking a mixture with a little iodide in it, because it does hasten it, in my judgment. She has been under the treatment only a week or ten days, and the eruption is getting somewhat less than it was.—*N. Y. Med. Jour.*

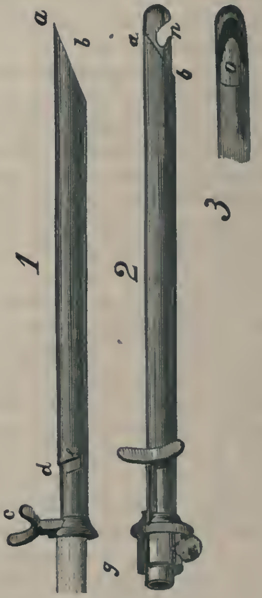
THE DOME TROCAR IN OVARIOTOMY, PARACENTESIS, ASPIRATION, ETC.

BY S. FITCH, A.M., M.D., EDIN., HALIFAX, N. S.

We reprint the following from the Transactions of the International Medical Congress, in order to bring again to the notice of the profession an ingenious and useful instrument, the value of which is not as well known as it deserves to be. After giving a history of the invention of trocars in general and the improvements in his own instrument, the author proceeds as follows :—

I now announce a most important modification of the double tubular trocar, which avoids the danger of the open canula, and by which the instrument, while performing its highest achievements of discovery and cure, may be used as a trustworthy exploring probe and sound; and which will, I believe, in time supersede every other form of the instrument. Retaining my first improvement of making the outer canula the puncturing, or rather the incising, trocar, I have had the distal orifice, or open top, of the *inner* canula closed over by a rounded or dome-shaped roof, so that, when it is projected beyond the cutting point of the outer canula, the two tubes fit closely together, and the end of the combined instrument feels perfectly smooth like the end of a rectal sound, or catheter, or probe, and may be freely moved within the cavity penetrated, whether this be an ovarian cyst, a uterine fibro-cyst, the abdomen, the thorax, the bladder, a joint, or even the pericardium, without danger of wounding any viscus or organ, puncturing any vessel, or even scratching or abrading the lining of the cavity, or of any parts contained therein.

The base of this *dome* being of the same external circumference as the inner tube, of which it is the continuation, and fitting the outer tube accurately, there can be no escape of fluid till the dome is advanced or pushed out so as to occlude and shut out the cutting point of the outer tube; then there is disclosed by this movement a fenestra, or oval aperture on *the under side* of the inner tube, just below the roof, or dome, cut out of the lower wall and one-third of each side-wall, of the full size of the bore of the tube, and by which fluids may be freely evacuated or injected; the distal end of this segment is sloped off towards the dome, so that no obstruction can lie there, while at the proximal boundary a curved lip projects over one-third of the whole fenestra to prevent the possibility of obstruction; and the fenestra thus guarded, and



Figures 1, 2, 3, represent the dome trocar. Fig. 1 shows the cutting point *(a b)* of the outer canula advanced, ready for puncture, with the dome of the inner canula retracted, shutting the instrument just behind the point *(b)* against ingress or egress of fluid; *c* is the thumb-rest for projection and retraction of the dome by the thumb of the hand holding the instrument; *d* is a slot with a knob regulating and fixing the dome and point in any desired position; turning the knob one-half revolution into the proximal transverse slot allows the tubes to be separated for cleansing and oiling. Fig. 2 has the thumb-rest pushed forwards and turned into the distal branch slot, projecting the inner tube and dome, sheathing the cutting edge and point *(a b)* of the outer canula, and disclosing the fenestra *(n)* cut out of the under and side walls of the inner canula; *n*, in Fig. 2, and *o*, in Fig. 3, show the curved process of the lower wall of the inner canula, underlying the proximal third of the fenestra, to prevent occlusion from contact of cyst-wall, or vein-wall, or any floating substance.

being, moreover, on the under side, cannot be stopped by the wall of the cavity coming into contact with it, nor by the falling upon it of any natural textures, or layers of false membrane, or flakes of plasma, as often happens with the open end of the old canula. If, while discharging the fluid for which it was introduced, there be found an aggregation of cysts, or a multilocular sac, this instrument may be used as a long artificial finger to examine the interior of the original cavity, and to feel for a proper place to enter, where it may be held till the cutting point is advanced to make an aperture for its introduction.

Thus, in ovariotomy, it will be found extremely convenient, the left hand supporting the tumor and the right holding the instrument, which can be instantly changed, by an easy movement of the same hand, from a trocar to a sound, and *vice versa*, to define and puncture cyst after cyst, until the bulk of the whole is sufficiently reduced to admit of withdrawal through the abdominal incision, with only one aperture in the cyst-wall first punctured, and this always occupied by the instrument which prevents leakage, and the dome trocar may here be used, where the end of the open canula could not be with safety, to stir up and liquefy the loculose contents and to break down such obstructions to the flow as imperfect septa and membranous intersections, while it still plugs the original aperture, thus preventing escape of cystic fluid into the cavity of the abdomen, and it oftentimes obviates the necessity of enlarging the aperture in the cyst for the introduction of the hand, which procedure should be avoided as involving overflow of cyst-fluid upon the peritoneum.

In operating for hydatids of the liver or kidney, the dome trocar, of aspirator size, may be used to loosen and dissever these little bodies while the aspirator is extracting them through the same instrument. And we may, with one of these smooth-ended instruments, of suitable length, search for and drain off the last drops of urine, during aspirato-puncture of the bladder, which we dare not do with the end of the open canula, much less with the sharp point of the ordinary single-tube aspirator needle; or, while the dome instrument is within the bladder, we may use it to explore the interior both before and after emptying it. In cases of intractably enlarged prostate, I believe that we may properly reach the bladder by perforating this gland with a dome trocar having a less curve than an ordinary sound, and thus not only relieve the bladder at the time, but give permanent release from the oft-recurring retentions. I have forced a common strong catheter through the prostate in such a case; and the patient, who was previously nearly worn to death with his disability, is now enjoying a new prostatic bit of urethra, and is independent of instruments.

The life-giving operation of *transfusion* may, I think, be quickly and well done with this instrument. A short dome trocar, of suitable size, having been attached to each end of an India-rubber tube a foot long, with the middle expanded into a bulb, one of the trocars is inserted into the vein which is to furnish the blood, and, when the apparatus is filled, the other trocar is introduced into the receiving vein, when the operation is completed. The tubes are closed and opened at their distal ends by retraction and projection of their domes, which prevents the possible admission of air; and no valve or stopcock is needed. The receiving vein should be exposed by a short incision, but the supplying vein will generally be sufficiently prominent to be entered without previous dissection. As soon as the lancet-end of the outer tube is inserted, the dome is projected, and the tubes thus guarded may be safely pushed as far as required, downward into the furnishing vein, and upward into the receiving vein, and no ligature will be needed. Thus time, so valuable in this operation, is saved, disturbance of the vein is avoided, and injury to the interior of the vein need not be feared. If the *mediate* method be preferred, a common glass, or hard India-rubber, or metal, syringe, with the piston removed, and the nozzle inserted into a flexible tube, armed with one trocar, will be a suitable reservoir into which the blood may be caught, as in ordinary venesection; or the blood may be defibrinated by whipping, and strained into the syringe; the dome with the open fenestra is left projected till the trocar fills, then it is retracted, closing the fenestra, and leaving the point of the outer tube ready for puncture. Upon inserting the trocar, we need not replace the piston, for sufficient and more steady propulsion may be obtained by merely raising the syringe. The hole in the side of the nozzle, used by Mr. Wagstaffe, is liable to occlusion from the contiguous wall of the vein; in the dome trocar this is obviated by a curved projection of the tube-wall over the proximal end of the fenestra, open at the sides, as previously described. In this operation it is very important that the dome be solid to prevent lodgment of clot.

The *aspirator attachment* deserves attention, for it can be applied to any syringe or exhausting apparatus; the adjustment is effected instantaneously and without moving either trocar or exhausting apparatus, or twisting the flexible, connecting tube, by merely pushing the end of the aspirator nozzle into the funnel-shaped end of the inner canula, and fixing it by one turn of a loose ring-nut, like a hose-coupling. The India-rubber tube connecting the nozzle with the aspirator has the usual bit of glass-tubing, so that the current may be observed or its absence noticed.

Some peculiarities of the different sized instruments should be mentioned. The *ovarian trocar* has a thumb-nut (for which I have to thank Dr.

Thomas Keith), by which either the cutting point or the dome may be advanced or retracted, and fixed in either position by the thumb of t e hand holding the instrument. The proximal end of the inner canula is prolonged into a hollow, curved handle, very convenient to hold by, while it also directs the current of the flowing liquid downwards; and one end of an India-rubber tube, three feet long (with a bit of glass tubing in it), may be drawn over the lower orifice of this hollow handle, to conduct the fluid into a receiving vessel ; the middle of this tube is expanded into an elastic bulb, by which the flow through the tube may be promoted until the syphon current is established ; and we may use it for washing out or for injecting the cavity. Mr. Wells' grapples may be slipped upon this trocar, or long, light clamp-forceps, with ring-ends, may be used to seize the sac, upon or even before puncturing, and, held in the hand with the trocar, will accommodate themselves to the varying distances to which the trocar enters.

The *trocar for paracentesis abdominis* has a curved, hollow handle continuous with the inner tube like the ovarian trocar. All the sizes below that for paracentesis abdominis, have their proximal ends adapted to the aspirator nozzle, and therefore a separate, curved, hollow handle is provided to fit all of them, and may be instantly fixed to either by a ring nut, similar to that of the aspirator nozzle ; and with this handle an India-rubber tube and bulb may be used, as with the ovarian trocar, when we wish to simply empty a cavity without the aspirator. The instruments may be of any size. Of those which I have had made, the *ovarian trocar* is ten inches long, including the handle which is four inches, with the internal diameter of the inner tube half an inch. Dr. Washington L. Atlee tells me that he has used one of these in his last forty-one ovariotomies, and expresses unqualified approval of it.

The *abdominal trocar* is six inches long, including two inches for the handle, the calibre equalling that of a No. 11 catheter of the American scale, 17 of the French. The *smallest sizes* correspond with Dieulafoy's aspirator needles ; of these, two are each seven inches long, and fine, for the bladder and deep tapping ; two are four inches in length, and stouter, for hydrothorax, transfusion, etc. ; one is short and very fine, for hydro-pericardium, spina bifida, etc.

The same principle has also been applied in the construction of a dome trocar catheter, by Dr. Fitch, for tunneling the enlarged prostate, for supra-pubic or rectal puncture of the bladder, and for tapping ovarian cysts per vaginam. This instrument is virtually a catheter within a perforating tube. The main object intended is to make a direct channel through the enlarged prostate, instead of nibbling off fragments of the gland through the floor of the urethra, as is attempted by several recent contrivances. It will likewise be found most efficient for puncture of the bladder from the rectum, for discharging noxious intra-peritoneal effusions, for antiseptic washing of the peritoneal cavity through the retro-uterine cul-de-sac, and for evacuating and injecting ovarian cysts *per vaginam;* and it will be of immense value in supra-pubic lithotomy by opening the bladder from within, outwardly.

JENSEN'S CRYSTAL PEPSIN.

The following extracts are from an article by Hugo Engel, A.M., M.D., in a recent number of the *Medical Times*, Phila.

Of the many new preparations which have recently appeared in the market, there are comparatively so few possessing real value that when we meet with such of the latter class we should not withhold just praise and make their merits known to the profession.

Mrs. M. had been nursing her youngest child, a boy, until he was seven weeks old, when her right breast inflamed. Her physician forbade her nursing the infant with the sound breast, in consequence of which the secretion of milk soon ceased totally,—a result which proved injurious alike to mother and child. The child, after being weaned, emaciated rapidly, so much so that when it came, some two weeks later, under my charge, it already suffered from that condition called marasmus. I regulated the feeding of the infant with diluted cow's milk, to which some sugar and a grain of salt were added. The nursing-bottle was kept scrupulously clean, the temperature of the milk uniform, and the feeding done regularly every two hours. After four days the discharges from the bowels still continuing unhealthy and the child losing flesh and declining in general health, pepsinum saccharatum in the dose of five grains was added to the milk. For the next day or two the child seemed better ; but when it relapsed into its former condition, first the same dose of Scheffer's and then of Boudault's pepsin, to either of which diluted hydrochloric acid was added, were substituted for the saccharated pepsin, with, however, the same want of success. I then ordered, for the first time in my practice, Jensen's pepsin, gr. ii, with one minim of diluted muriatic acid, to be administered four times daily when the child was fed. Immediately, almost, an improvement began, and the boy grew strong and plump during the following seven or eight weeks. The parents now moved to another part of the city, and as it seemed very inconvenient to have the medicine put up by the apothecary in their former neighborhood, they asked him for a copy of the prescription, and brought it to a drug-shop not far from their new residence. It had taken the medicine prepared at the new place for about five or six days, when again it was brought to me with every sign of relapsing into its former marasmic condition. I advised the mother to procure the solution once more from their former apothecary. This was done, and again improvement began almost immediately. Some three weeks later, a part of the medicine having been spilled, and the latter suddenly giving out, the parents were again induced to buy the pepsin in the neighborhood, when it became apparent to even the most superficial observer that the benefit the child had derived was due to Jensen's pepsin: again the boy's health declined, and he lost flesh; and when the now frightened and thoroughly convinced mother again substituted the old preparation, she once more had the pleasure of seeing her infant thrive.* No further disturbance in the health of the latter took place; the baby looked the picture of health, and when with the appearance of a sufficient number of teeth the child was able to digest a more solid food, the dose of the medicine was gradually reduced in size, until at last the boy continued to do well without the assistance of artificial gastric juice.

Mrs. R. requested me to attend her sixteen-months-old child, suffering from cholera infantum. After I had succeeded, by baths, by the utmost attention to cleanliness, and by insisting upon the little patient being carried about in the fresh air during the cooler hours of the hot summer days (it being July), and by permitting it to make frequent trips in the ferry-boats and steamers proceeding up and down the Delaware, and by appropriate medecine, in putting a stop to the vomiting and the frequent morbid discharges, I administered pepsin in conjunction with dilute muriatic acid to improve the digestion. But the result was by no means satisfactory until I prescribed Jensin's pepsin, when within a few days a decided improvement was noticed; and, as this continued steadily, I discharged the child as well. About a week later it was again brought to me, on account of a relapse. I then elicited the following. As long as the mother had to come with the child to my office, she had the medicine put up by an apothecary to whom I had sent her; but when the visits to me were discon tinued, she considered it too great a distance to send for the medicine, and so she procured it from an apothecary in her neighborhood,—with what effect has been mentioned. I told her what I thought, that perhaps the medicine did not contain the genuine preparation I had ordered, gave her a new prescription, and advised her to have it put up by the former apothecary. She did so, and the immediate improvement of the baby was too apparent not to ascribe it to the medicine.

Besides these two cases, I will mention, with as few words as possible, two more. One was that of a lady *enceinte*: she was suffering a good deal from nausea and vomiting. Other remedies having been tried, but without success, I prescribed pepsin,—at first, however, with no result at all. I then changed it to Jensen's pepsin, and after the third or fourth dose the disagreeable symptoms had ceased almost. When I discharged her she asked me if she could have the medicine prepared by a relative of hers, as she would get it much cheaper. I consented, but cautioned her to let me know immediately when her former symptoms should return. Her relative evidently substituted a different preparation of pepsin, as the lady, after having taken his medicine for a day or two, returned to me with the information that the nausea had again reappeared, though not as yet the vomiting. At my advice, she procured the pepsin from the former apothecary again. The result was as expected: the nausea ceased again.

The last case which I pick out from a large number was that of a girl, æt. 16, suffering from chlorosis. No matter which preparation of iron I tried, her stomach would rebel: either vomiting or severe nausea would set in, or she would feel a heavy pressure in the epigastric region. I then prescribed Jensen's pepsin with dilute hydrochloric acid to be taken at the commencment of each meal, and the iron about half an hour after the latter. From this time on she was able to take the iron. She also (this being the reason I mention her case) procured the medicine with the pepsin once from an unreliable apothecary, and with the same result as attended the other cases reported: the symptoms of indigestion returned, to disappear again on the resumption of the genuine preparation. I had frequently tried every imaginable combination to prevent the disturbance of the stomach happening in some persons whenever they have to take opium or any of its preparations. I could report a long series of cases in which the annoying symptoms ceased on combining Jensen's pepsin with the opiate; but those mentioned above will be sufficient to prove from actual experience that we possess in this remedy a preparation of pepsin superior in every respect to all others of its kind in the market.

The following will be of interest regarding pepsin preparations in general and Jensen's in particular. Pepsin itself is a ferment. There has as yet been no method detected by which it would be possible to obtain pure pepsin. Every process by which pepsin is manufactured, no matter if by simple digestion and evaporation (primitive, Lamatsch's), or by precipitation with acetate of lead (French, Boudault's), or by precipitation with a concentrated solution of chloride of sodium (American, Scheffer's), results in the obtaining of only a very small percentage of pepsin, and this of very limited strength. It was thought that especially by the latter method pure pepsin would be precipitated; but such is not the case. The French pepsin is expected to dissolve twelve times its weight of albumen, Scheffer's and the German, about fifty times. A plain arithmetical example gives us the following figures. One ounce of beef contains four hundred and eighty grains: according to the French Codex, forty grains of pepsin, and according to our Pharmacopœia, ten grains, would be necessary to digest this quantity of beef. But, as a healthy person, besides other albuminous aliments, will eat for a meal a quarter of a pound of beefsteak at least, one hundred and sixty grains of the former and forty grains of the latter preparation would be needed for its digestion. How does this coincide with our usual dose of Boudault's or Scheffer's pepsin,—ten grains?

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* The apothecary in their new neighborhood confessed, later, the substitution by him of Scheffer's pepsin for Jensen's.

Jensen's crystal pepsin, which has received the name of crystal (not crystallized, as it is often erroneously called) simply from its peculiar glistening, crystal-like appearance, is (without the addition of an acid) perfectly soluble in water, and not precipitated by common salt, therefore a peptone with very great pepsin-effect; "it has proven itself to be the most powerful preparation of pepsin the market offers, one which is capable of dissolving over five hundred times its weight of hard-boiled albumen." Of its manufacture which seems to be thoroughly known only by Jensen, we can presume that it is prepared by maceration of the stomach and its mucous membrane in acidulated water at a temperature of 38° to 40°; the albuminoids are changed into peptones (causing in this way the production and gain of all latent pepsin), and by a peculiar process the syrup-like mass resulting is dried on glass, when the "pepsin" appears in the shape of transparent scales. So carefully is the whole process conducted, and so utterly at variance with all previous methods, that the property belonging to all other preparations of pepsin, of containing chlorides, is totally wanting in Jensen's. If to a solution of any other pepsin nitrate of silver be added, chloride of silver will immediately appear as a thick white deposit, while the same test applied to Jensen's pepsin will either be without any result or (due to a trace of muriatic acid) a faint white cloud will show itself. When we reflect upon the large quantity of pepsin Jensen is able to get from a macerated stomach, the absence of chlorine in his preparation, and certain well-known physiological effects of muriatic acid on digestion, the following theory does not seem to be so very absurd to the writer of these lines.

In consequence of the great popularity Jensen's pepsin naturally enjoys on account of its reliable and powerful effect and its uniform strength, many imitations have been placed on the market, and are dispensed as Jensen's pepsin. The fact just mentioned (the absence of chlorine), its perfectly dry, crystal-like appearance, and its total solubility in water without the addition of an acid, will serve to distinguish the genuine Jensen's pepsin from all imitations. It has been thoroughly tested by Dr. Tscheppe, of New York, Dr. Wolf, of Philadelphia, and many other competent and impartial chemists, and found to possess the power of dissolving more than five hundred times its weight of hard-boiled albumen. It is therefore ten times stronger than any other preparation. This fact has an important bearing not only on the size of the dose, but also on its cost: the ounce of this pepsin being sold for one dollar and seventy cents, a dose of ten grains would cost only three cents, and, as one grain of it is equivalent to ten grains of the American pepsin, its great cheapness becomes at once apparent. When testing any preparation of pepsin for its strength, the albumen should be finely subdivided, the solution acidulated with 0.5 per cent. of the pure concentrated hydrochloric acid, and the whole kept at a temperature of about 103°, which experience has proved to be the most favorable for the effect of this ferment.

Pepsin alone has very little influence on digestion: its effect increases with the quantity of acid added. Double the dose of pepsin alone will not visibly accelerate the digestion induced by a single dose; but doubling the quantity of the acid (certainly within the physiological limits) will cause the digestion to be finished in less than half the time. As a rule, the most favorable effect of Jensen's pepsin can be obtained when to each grain of the latter about one minim of the diluted hydrochloric acid is added, but with the provisio that on account of its being a ferment the pepsin is to be first dissolved in water, and to it in its diluted state the dose indicated of the acid is added, as follows:

℞—Pepsin. crystal. Jensen, gr. lxxii;
Aquæ floris aurant.,
Glycerin.,
Syrup. limonis, *aa* f℥i;
Cui adde:
Acidi hydrochlor. dilut., f℥iss.—M.

S.—Dose: one teaspoonful in four ounces of water to be taken at meals.

No alkali should ever be administered at the same time or in combination with any preparation of pepsin, the slightest addition of such making the latter inert. Of all the acids, muriatic acid is the most favorable in its effect; then come, in the order named, phosphoric, nitric, and sulphuric acids; the vegetable acids having no appreciable effect.

WHAT CONSTITUTES A QUACK.—This question, it is expected, will shortly be answered in a court of law. *The Medical Age*, in commenting on the above, says:—"A member of a firm of peripatetic advertising physicians, of large promises, in the

Dominion, has brought an action, fixing damages at $10,000, against two prominent physicians who have called him a quack. The Canada Medical Act requires that a physician shall not only be a graduate of a medical college in good standing, but that he shall also pass an examination before the licensing body, who shall be independent of the teaching bodies. This law secures practitioners possessing a much higher average of education than obtains among the physicians in countries not having this salutary law, and the fact of a man's being allowed to practice in Canada is guarantee that he is not what Webster defines as a quack, viz., "a boastful pretender to medical skill; an empiric; an ignorant practitioner." This is the meaning of the word "quack" among the laity, but in the profession a man may have all knowledge of medicine and yet be a quack; and his knowledge may be of very mediocre order, and yet his standing may be good. The outcome of the suit mentioned will be awaited with interest. Will the court decide that "quack" means what the laity hold it to mean, or will it allow the profession to define its meaning? In the former case the verdict must be in favor of the plaintiff; in the latter for the defendants, who unquestionably intended the term to apply not so much to the skill of the plaintiff as to his methods of doing business, his advertising, unwarranted promises of curing, exaggeration of minor ailments for sinister purposes, ostentatious parade of qualifications, depreciation of the ability of brother practitioners, and the various other unethical and immoral devices of the itinerant physician."

ADMINISTRATION OF SANTONIN.—Dr. L. Lewin recommends, in the *Berl. klin. Wochenschrift*, the following forms of administering santonin:

1. ℞—Santonini .... 0.2 gm. = 3 grs.
   Ol. cocos nuciferæ.....60.0 " 2 fl. oz.
   Dose: a tablespoonful two or three times daily.
2. ℞—Santonini .... 0.2 gm = 3 grs.
   Ol. amygdalæ expressi..60.0 " 2 fl. oz.
   Ol. cinæ (Levant wormseed)........ .... gtt. 4 gtt. 4.
   Dose: a tablespoonful two or three times daily.
3. ℞—Santonini .... 0.2 gm. = 3 grs.
   Ol. ricini ....20.0 " ¾ fl. oz.
   Ol. cinæ.................... gtt. 4 gtt. 4.
   Dose: a teaspoonful two or three times daily.
4. ℞—Santonini .... 0.2 gm. = 3 grs.
   Ol. ricini ....20.0 " ¾ fl. oz.
   Ol. cinæ...................... gtt. 4 gtt. 4.
   Sacchari..................... q. s. q. s.
   Make into a soft paste with sugar. To be given in doses, during 48 hours.
5. ℞—Santonini .... 0.05 gm. = ¾ gr.
   Ol. ricini .. .. 5.0 " 75 grs.
   Ol cinæ.................. gtt. 1 gtt. 1.
   Fill into four capsules.
   Dose: one capsule two or three times a day.

Lewin finds fault with all the usual methods of administering santonin. According to him, it should be given in its least soluble form, *i. e.*, in that form in which it will be the least readily absorbed, as the effect desired is not a general, but a local one. An oily solution of santonin undergoes, according to his experiments performed on animals, not the slightest absorption in the stomach, so that under no circumstances is any trace found in the urine. Almost any kind of oil may be employed —cocoa-nut oil, olive oil, cod-liver oil, or castor oil. He recommends that three grains of santonin be mixed with two ounces of oil, and given in four doses. He thinks that a useful addition to the above would be that of an oil contained in santonica, the oleum cinæ æthereum, for the reason that all ethereal oils have been shown to act as poisons on the lower forms of animal life.

TREATMENT OF CHOREA.—In the course of a clinical lecture on chorea, Professor H. Nothnagel remarked that when the disease followed articular rheumatism, salicylate of soda was given; but this treatment had to be pursued empirically and carefully, as nothing was yet known of the nature of the disease. *(The Medical Press.)* Opiates had no effect, neither had calabar bean. Now-a-days potassic bromide was almost always given, but without any good result. As calmatives, and for the purpose of procuring sleep, morphia and chloral might be given. He had convinced himself by numerous experiments that propylamine was useless. Arsenic, in the form of Fowler's solution, was still the most effective remedy. It could be given by itself or in water. He suggested the following:

℞ Liq. Fowleri,..............grm. v;
Aq, destill.,................grm. xv. M.

Five drops to be given in a tumbler of water immediately after meals, and the dose to be increased by three drops every day until it reached thirty drops, after which it was to be slowly diminished. The constant current was another effective remedy in chorea, combined with tepid bathing or the application of ice-bags to the spine.—*Lou. Med. News.*

THE THIRD ELEMENT OF THE BLOOD.—Hayem has repeated his convictions on the subject of the newest phases of the histology of the blood before the Acadèmes des Sciences. As it will tend to make clear some of the confusion which has grown around the question, we give in a few words Hayem's conclusions. We do this the more especially because our readers may compare them with the papers by Norris, lately published in our columns. The hematoblast of Hayem is regarded as the precursor of the red-blood disc and as the agent concerned in the coagulation of the blood.

The "blood plate" or "plaquette," described by Bizzozero, is considered by the French observer to be identical with the hematoblast. It will be remembered that Norris has postulated the identity of his invisible corpuscle with Bizzozero's "plaquette." By Hayem the invisible corpuscle is still looked upon as a red disc from which the hemoglobin has passed away. Each observer claims for his element an important *rôle* in the development and coagulation of the blood. Schmidt, of Dorpat, has assigned the chief agency in the process of coagulation of the blood to the leucocytes or white-blood corpuscles.—*Lancet.*

INHALATION OF IODOFORM IN PHTHISIS.—The general practitioner will be glad to make the acquaintance of any device to afford relief to consumptive cases. We have seen some very intelligent patients who persistently maintained that they obtained marked relief from the inhalation of the peroxide of hydrogen. De Renzi and Rummo *(Gazz. Medica Ital.)* claim good results in phthisis and other diseases of the respiratory organs from inhalations of iodoform dissolved in turpentine. The patients were made to inhale twice a day, for two hours, in a small room, the spray of iodoform and turpentine. The effects were more satisfactory than with any other mode of treatment. There was always prompt and considerable diminution of cough and expectoration: in bronchiectasis the fetid expectoration was completely deodorized. Physical signs diminish, the temperature falls, pulse and respiration are less frequent. The secretion of urea is lessened in proportion to the fall of temperature. Iodoform given by inhalation is much more prompt in action than when taken by the stomach; it is an anæsthetic to the pulmonary vagus, and has an alterative and drying local action, which is aided by turpentine. Its antiseptic action must also be taken into account.—*Med. Review.*

PROLONGED GESTATION.—Dr. E. M. Reid relates the case of a patient who bore a child after a gestation lasting two hundred and ninety-five days, at least. *Circumstances were such that the parents were separated during that period previous to the birth of the child.* Dr. Reid is of the opinion that the prolongation of the gestation was produced by the fact that in its course the patient had several copious hemorrhages, viz., on the 177th, 183rd, 189th, and on the 213th day another very profuse hemorrhage took place.—*Brit. Med. Jour.*

[The italics in the above are ours. Dr. Daniel Drake, when Professor of Theory and Practice in the University of Louisville, used to tell the students of a striking example of the power of habit. A woman of his acquaintance in Ohio had for a long time borne a child to her husband every year. She continued this habit for two years after her husband's death. This might be called an instance of parturient cachexia].—*Louisville Med. News.*

THE PROFESSION'S GREATEST NEED.—In the N. Y. *Medical Record* (July 21) is the following:—"If we were to ask the average practitioner in city or country what was the greatest single obstacle to his progress, he would doubtless say, a field too much occupied. It is the constant appearance of new men, young, eager, and hopeful, which cuts off here and there the extension of his practice, and which threatens to narrow down that which he already possesses. Protection against a horde of superfluous rivals is what the general practitioner, who is himself well equipped and competent, most needs. How can he secure this protection? There is but one way which is at all practicable, and that is by elevating the barriers, so-called, which now mark the entrance to the medical profession." A four years' course and an Examining Board is urged for.

FOR AMENORRHŒA.—Dr. H. C. Wood says the following formula, known as *Dewees' Emmenagogue Mixture*, he relies upon almost exclusively in the treatment of simple atonic amenorrhœa. The amount of iron should be as the anæmia, aloes as the state of the bowels, and cantharides as the susceptibility of the urinary organs.

℞	Tincturæ ferri chloridi..........	f ʒiij
	Tincturæ cantharidis............	f ʒj
	Tincturæ aloes..................	f ℥j
	Tincturæ guaiaci ammoniatæ....	f ℥iss
	Syrupi................q. s. ad..	f ℥vj

S. Tablespoonful three times a day. *Columbus Med. Journal.*

TO CLEAN CATHETERS.—A correspondent of the *Lancet* suggests the following method of cleaning catheters: Take a cork of a more conical form than those commonly used, with a hole made through it longitudinally; pass the catheter through the hole, and fix the cork into the tap of an ordinary water-pipe (hot water one preferable), and turn on the water. By so doing the force of the water is greatly increased, and the catheter properly cleaned.

GRINDELIA ROBUSTA FOR ASTHMA.—Dr. Bombelon recommends the smoking of cigarettes, the tobacco of which has been saturated with the resin of grindelia robusta, to asthma patients, whether they are smokers or not. The tobacco must also be well impregnated with saltpetre, which will facilitate its combustion and the development of smoke. If the patient is unable to smoke, the fumes are blown towards towards him.—*The Med. Record.*

THE CANADA LANCET.

**A Monthly Journal of Medical and Surgical Science
Criticism and News.**

☞ *Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.*

AGENTS.—DAWSON BROS., Montreal; J. & A. MCMILLAN, St. John, N.B.; GEO. STREET & Co., 30 Cornhill, London, Eng.; M. H. MAHLER, [illegible] Rue Richer, Paris.

TORONTO, NOVEMBER, 1883.

The LANCET *has the largest circulation of any Medical Journal in Canada.*

TREATMENT OF DIPHTHERIA.

In no disease is the range of treatment wider or more varied than in diphtheria. This condition always obtains under a state of uncertainty as to the desired ends, and the best means of reaching them. There could be no better proof of such uncertainty as regards diphtheria, than the numerous remedies, often of an opposite nature, proposed, both for local and internal use. Much of this confusion takes its origin in mistaken ideas as to the real nature of the disease. There are still those who believe that in certain cases at least, diphtheria may be purely local in its operations. The recently published results of an inquiry instituted in Michigan, show that this opinion still prevails to some extent. The prominent part which the local affection plays, and the distress to which it often gives rise, have also greatly tended to draw attention from the systemic nature of the disease, and unduly magnify the local lesions. The consequence is that we have an elaborate, though an ill-defined system of local treatment, involving much trouble and danger to the attendants, and much annoyance, and even great distress, to the patients, especially young children, who are usually frightened beyond measure at the sight of the brush or swab, and summon forth all the physical power remaining to them to thwart the designs of their tormentors. The flow of blood which so often follows this operation, and the accompanying struggles, afford evidence sufficient to condemn the practice. Such treatment is as irrational as it is barbarous, and nothing but evil is to be expected from it.

The accepted theory of the day is, that the symptoms and lesions which we call diphtheria are always due to the operations of a subtle poison circulating in the blood, the real nature of which is unknown; in these respects resembling the poison of small-pox, and the infectious exanthemata in general. In all these diseases it would appear that the poison has a propensity for working its way from the centre to the periphery—from the blood-stream to the oxygen-bathed exterior. The diphtheritic poison chooses by preference the respiratory tract, changing the mucous membrane into necrosed tissue. It also in a special manner affects the heart-force, and tends to death from cardiac exhaustion. The microscope reveals blood deterioration, and the test tube exhibits albumen. In view of these facts, the pulse and the blood should have our first care. A mild purgative should usually begin all treatment, and should be repeated from time to time if constipation be present, or no tendency to diarrhœa exist. Very often at the onset the pulse is strong and full, and the temperature high. In such a case nothing could possibly be more desirable than pilocarpine, or in its absence, the fluid extract of jaborandi. In the earlier stage of the malady, and while the local disease is yet in the formative stage of the so-called membrane, with its deeper vessels in a condition of intense hyperæmia, the diaphoresis, and especially the ptyalism, which follow the administration of this remedy, can scarcely fail to exercise a beneficial influence. But as this is a powerful heart depressor, it must be given only in suitable cases. Under no consideration should it be given in weakened pulse and failing heart force. We are without proof as to the power of tincture of iron over the blood corpuscles in this disease, but theory would seem to demand its administration. In all exhausting diseases rapid in their progress, quinine is called for, and in none more so than in diphtheria. It should be given as soon as the pulse begins to fail, if not before, and the dose should be proportionate to the exhaustion. As a cardiac stimulant, belladonna holds a high place, and should be combined with the quinine in cases of failing heart action. Alcohol should be given freely as soon as the vital forces show signs of wavering. The quantity usually given is too small to do any good. In a severe case, it is almost impossible to induce the toxical effects of alcohol. Therefore when it is called for in this disease it should be given more freely than is the rule in other diseases.

The local treatment should never be of an irritating kind. All gargles, washes, and solutions for steaming or atomization, should be of a soothing and agreeable nature, more especially in the case of children. For very young children, the application intended for the throat should be of a nature suitable for internal use, as for example sulphurous acid and glycerine, tincture of iron and chlorate of potash. Independently altogether of any supposed specific action on the diseased surfaces, disinfecting applications must always hold a prominent place, both for the good of the patient and the protection of the attendants, and should be frequently repeated. Soothing and emollient applications to the buccal surfaces, gums and tongue are very grateful. Great care should be exercised in touching raw and painful parts. But as the whole respiratory tract is not to be reached in this way, it is absolutely necessary to resort ro inhalation, or atomization, or both. It is claimed by good authority that the local manifestations are checked, and sometimes terminated, by the following: Slake a piece of lime with a weak solution of belladonna; when this process is completed the surplus fluid is decanted, and a quantity of oil of turpentine is incorporated with the slaked lime. The fluid previously drawn off is now added by trituration, after which the whole is strained or filtered. The result is terebinthinated lime water containing belladonna. This may be used at short intervals, or continuously, almost, in severe cases, by two methods, steaming and atomization, steaming being the most efficacious. This is accomplished by placing some kind of frame over the head of the bed and covering it with a blanket, a vessel containing the fluid being kept hot by hot pieces of iron or brick.

The skin should not be overlooked, as it is a great eliminator of systemic poison. It should be sponged with a weak solution of soda several times in the twenty-four hours, and rubbed thoroughly with a coarse towel. The kidneys are also important depurators, and should receive some assistance in the discharge of their function, although it is more the custom to ignore them entirely in the treatment of diphtheria. But the most important part of the treatment of diphtheria is the diet. Suitable diet is important in all cases of disease, but more especially is this true where blood deterioration and general exhaustion are pre-eminent features. The diet should be of the most digestible and concentrated kind, and should be given as often, and in such quantities, as the stomach will bear. It is important to remember that digestion may be disturbed by injudicious medication. Food is more imporrant than medicine of doubtful benefit. In addition to the more common articles of food, we might mention beef peptonoids. Suspended in broth, they are easily taken, and are very digestible and nutritious.

From amidst much that is heterogenous and bewildering, we have thus endeavored to outline a plan of treatment which we feel convinced is supported by reason, science, and the best experience of our day, and with modifications adapted to each case, will afford the best promise of a favorable issue.

MEDICAL COLLEGE OPENINGS.

The opening of the various medical schools in Canada for the present winter session is an event of considerable interest, not only to teachers and students, but also to the profession and the public. In point of numbers, the attendance at the various schools, the present session bids fair to outnumber that of any previous year in the history of Canada. Abernethy might well say, if he were in the flesh to-day, "God bless you, gentlemen, what is to become of you all?"

The introductory lecture in the Toronto School of Medicine was delivered by Dr. Richardson. After welcoming the students to the school, he alluded to the difficulties attending the study and practice of medicine when he first entered the profession more than forty years ago. He spoke of the progress made by the schools in the city, and expressed regret that a medical staff had not been connected with Toronto University. He maintained that a physiological laboratory should be established in University College, and an eminent professor appointed to teach this important branch of science. He then referred to the great progress in medicine, surgery, and hygiene in his time. The most important doctrines of hygiene had been developed since the year 1854. It was after the Crimean war that the attention of the government was more especially drawn to the subject, and the result had been shown by the decided amelioration which had taken place in the British troops. The subject he wished to present to them was, whether as members of the medical profession they had any reason to believe that they could find in Nature remedies suited to the diseases they were about to treat; and whether what they found and used successfully in a great many cases were really intended for the purposes for which they were used? In this connection he took up the question of evolution. It was interpreted in different ways by different persons; it did not always mean the same thing. He then proceeded to discuss the position of the ultra school of evolutionists, whose views he declined to accept. He believed that all those things which they could utilize in their profession were pre-ordained, and if this principle were accepted, it followed that they would be able to find as they investigated the matter closely that there was something capable of relieving nature and changing the action of the different parts of the system under their control. In concluding he offered a few words of friendly advice to the students, and asked them to conduct themselves as men and christians. He thought medical students were more sinned against than sinning, and especially asked them not to prosecute their admirable talents for singing which were prone to irritate the feelings of delicate policemen. They were very susceptible, and it must be recollected that they were the guardians of the law. He trusted that the students would prosecute their studies diligently and become a credit to the school.

The opening lecture in Trinity Medical College was delivered by Prof. Sheard, and was a most able and eloquent discourse. After welcoming the students to the college, he said they had no doubt considered well the path they had taken, its difficulties, as well as its attractions, its responsibilities as well as its rewards, its opportunities for good, and its possibilities of evil. He was aware of the tendency of the present time to lead the more promising youth into commercial life. Many were wont to believe that commerce was the golden girdle of the world, binding nations together by common interests and common aims, but science bound men and nations together by a girdle, the links of which were far stronger, more durable, and more precious than were those of the golden girdle of commerce. Discoveries in the application of other practical sciences were often stayed from their widest spread for the pecuniary gain of the discoverer, but the discoveries in scientific and practical medicine were free to all the world. All medical discoveries were common property, and the richest reward the discoverer could have was the consciousness that lives had been saved, sufferings alleviated, or disease prevented. He then went on to speak of the importance of the study of biology, anatomy, histology, and physiology. Scientific principles were to the physician and surgeon what the compass and sextant are to the navigator. He did not want to separate the science from the art of medicine, for with Prof. Huxley he would say, science and art were the obverse and reverse of nature's medal. But in the qualifications of a trusted medical adviser there was wanting more than fine science, though that must necessarily be the basis. He should have tact, judgment, firmness in opinion, courtesy and gentleness in expression. He did not wish to deter anyone from the laudable pursuit of studying for the medical profession, for a physician's calling was one of the most honourable, ennobling, humanizing, and useful in the world; but he would be partial if he did not warn them to prepare for its criticisms as well as its trials. He then gave a few humorous instances of the criticism to which a doctor is subjected, and stated that the absolutely gratuitous assistance given by the medical profession to those unable to pay for it far exceeded that which was bestowed or demanded in any other line of life, and it was not less creditable because custom had in a great measure caused it to be expected as a matter of course. If any were adopting medicine because it was an easy life, he advised them either to dispel that illusion or to return home, for without earnest, diligent, and careful application they need hope for nothing. On the other hand, those who were resolute and determined would find in medicine as promising a field as in any other. He claimed that their profession, in the pursuit and use of truth, offered the most complete and constant union of those three qualities which had the greatest charm for pure and active minds, novelty, utility and charity. Summing up in one sentence what he had been enforcing, he said the secret of all noble life was in belief, and the characteristic of all noble minds in the vigor with which they believed that which was true. Prize strength, love the beautiful, practice self denial, and be patient. Let them resolve to elevate themselves to the promotion of the whole science, art, and charity of medicine. Let that resolve be to them as a vow of brotherhood, and may God help them in their work.

The opening of McGill Medical College this session was inaugurated by an introductory lecture by Dr. Joseph Workman, of Toronto, one of the oldest graduates of the institution. His lecture, which is published in full in the *Canada Medical and Surgical Journal*, was in his usual happy vein. It will also be of value in connection with the early history of the school. In the first part of his address he alluded in fitting terms to the founders of the school. The students of the present day next came in for a share of his attention, in which he cautioned them, while in pursuit of the practical, not to forget or overlook their scientific and classical studies. "Show me," said he, "a man who is fond of botany, zoology, or geology, and I will feel assured he will never be an idler." He also referred to the rich literary treasures to be found in a study of the Romance languages. He then alluded to the munificent donations and bequests which have been given by the wealthy people of Montreal to their Universities, and deplored the fact that ours in Toronto have fallen heir to nothing from the dead and very little from the living. In conclusion, he referred in fitting terms to the memory of departed friends and fellow-students of McGill College, some of whom had left behind them noble records of good deeds.

The Montreal School of Medicine, emerging from the trials of the past summer, opened with more than usual joy and eclat. The president, Dr. D'Orsennens, gave the introductory lecture, in which he alluded in stirring terms to the difficulties through which the school had so successfully passed, and paid a glowing and enthusiastic tribute of respect and thankfulness to the Sovereign Pontiff, who so kindly listened to their cry of distress, and replied in a manner so prompt and paternal. Moreover, the sending from Rome of an apostolic delegate to Canada was, for the school, a sure guarantee of a still more perfect re-establishment, and the proof that it will be forever now, even in the eyes of ecclesiastical authority, established on a solid and immovable basis.

In Bishop's College and Laval Medical School no special introductory lectures were given this year, but the classes re-assembled as usual on the opening day. In the Western University Medical School, London, the session was opened by an able and instructive lecture by Dr. Bucke, of the London Asylum. The lecturer alluded in hopeful terms of the prospects of this comparatively new school. From the Kingston Medical School the only report we have is of the opening of the Women's Medical College, the introductory of which was delivered by Dr. Lavell. This school has been established on a good financial basis, and the attendance of students is encouraging to the faculty. The Toronto Women's Medical College was opened by an introductory lecture by Dr. Barrett, the President, in the presence of the Mayor and a large gathering of ladies and gentlemen. Speeches were also delivered by the Mayor, Mr. Beaty, M.P., and Principal Caven. The attendance is small, but great hope is expressed in the future of the school. We have had no report from the Halifax Medical School, which opened as usual on the first of October, with a fair quota of students.

The attendance of students at the various schools is much above the average this year. In Toronto alone, there are nearly 400 students in the two schools, 235 being the number registered in Trinity Medical School.

JAMES A. SEWELL, M.D., EDIN.

It again becomes our painful duty to announce the death of one of Canada's oldest and most respected physicians, Dr. James A. Sewell, of Quebec, who died on the 2nd ult., at the advanced age of 73 years. He was a son of Chief Justice Sewell, and was born in Quebec, in 1810, where he received his early education. After receiving his professional education in Edinburgh, where he graduated in 1833, he settled in his native city, and has been engaged in the practice of his profession for upwards of half a century. He was also actively engaged in medical teaching in connection with Laval Medical School, of which he was

Dean and Prof. of Practice of Medicine. For upwards of 40 years he has been one of the attending physicians of Hotel Dieu, and also for many years Chairman of the Marine Hospital Commission. As one of the Governors of the College of Physicians and Surgeons of Quebec, he took an active interest in its affairs, and also in promoting the welfare of the profession. As President of the Quebec Medical Society, he was Chairman of the meeting called to organize the Canada Medical Association in 1867, and in 1871 he was elected President of the Association During the troubles of 1837-8 he was attached to the Royal Volunteer Artillery. In his younger days he contributed many articles to the *Canada Medical Journal* and *British American Journal.* In his death the people of Quebec and the profession in Canada have lost an old friend, a useful man, and a physician of the highest skill and attainments. His kindness of heart, amiability and gentleness of disposition endeared him to all classes, and he will be greatly missed in the community where he was so well known and beloved. He has left behind him a beautiful and touching memory which will long endure.

Dr. Sewell leaves behind him a large family. Two of his sons have followed in their father's footsteps, both being graduates in medicine of Edinburgh. One is in practice in England, and the other, Colin C., in Quebec. The members of the family have our most heartfelt sympathy and condolence.

QUEBEC MEDICAL BOARD.—The semi-annual meeting of the above-named medical board was held in Quebec, on the 26th of Sept. Present, Dr. Lemieux, President; Hon. Dr. Ross, Vice-President; Drs. Belleau and Campbell, Secretaries; Dr. Lachapelle, Treasurer; Dr. Larue, Registrar; Hon. Dr. Robitaille, (Lt.-Governor); Drs. Lanctot, Duchesneau, Kennedy, Hart, Guay, Marsden, Gingras, Howard, Leprohon, Rodger, Ross, Mignault, Grandbois, Marmette, Lafontaine, Ladouceur, Parke, De St. George, Russell and Rosseau.

After routine a resolution of condolence was passed respecting the death of Dr. Laberge, M.P.P., a former Governor.

A committee consisting of Drs. Campbell, Duchesneau, Lanctôt, and Trudel was appointed to enquire into the complaints regarding the large number of rejections at the preliminary examinations.

The following gentlemen were appointed to conduct the examination of candidates for the license: Dr. Howard, Medicine, Dr. Ross, Surgery; Dr. Rodger, Midwifery; Dr. Kennedy, Anatomy; Dr. Parke, Physiology; Dr. Rosseau, Materia Medica; Dr. Guay, Chemistry; Dr. Mignault, Jurisprudence; Dr. Lanctôt, Botany and Hygiene. Four candidates presented themselves, one of which only, was successful, viz., Dr. A. D. McMillan. The committee on credentials examined the diplomas of the following gentlemen, and finding the same to be correct, granted them the license; Drs. N. Morency, E. Perron, C. Tessier, E. Sylvain, G. W. Lachaisne-Jolicœur, W. G. Thompson, H. Archambault, J. F. Peladeau, J. F. Prudhomme, A. J. Hopkins, A. Gauthier, L. A. Moll, J. Stewart, E. Bastien, G. F. Prevost.

The preliminary examination of the College was held in Quebec, from the 20th to the 22nd of September. There were forty-seven candidates, of which only nineteen were successful.

INFRINGEMENT OF TRADE-MARK.—By a decree of the supreme court of Rhode Island, issued in July, 1881, the manufacturers of "Hughes Acid Phosphate" were enjoined from offering for sale "Acid Phosphate" so-called, which was an imitation of Horsford's Acid Phosphate. Quite recently they have been fined $600 for violation of the above injunction, and the Rumford Chemical Works Co. warn all persons from selling any imitation of their preparation, as they will by so doing render themselves liable to an action for damages.

FELLOWSHIP DIPLOMAS, TRINITY COLLEGE.—Students and graduates of Trinity Medical College will be pleased to learn that the Fellowship Diplomas of the School have been recognized by the Royal College of Surgeons, Edin. The holders of these diplomas will thus be entitled to the same privileges as are accorded to holders of Degrees in Medicine from Colonial Universities. These privileges consist in the exemption of candidates for the license of the College from passing the preliminary examination and also the examination in the primary branches required for this diploma. Other similar institutions in Great Britain will no doubt accord the same privilege.

Appointments.—Dr. Fred W. Borden, of Canning, N.S., has been appointed surgeon to the 68th Kings' Co. Infantry, *vice* Dr. Shaw, deceased, and Dr. H. B. Webster, of Kentville, N.S., assistant-surgeon. Dr. Samuel Primrose, of Lawrencetown, N.S., is to have the rank of surgeon-major of the 69th 1st Annapolis Infantry, from Sept. 10th, 1883.

Dr. H. Merrill has been appointed attending physician at the Hotel Dieu, Montreal —G. W. Anglin, M.D., Kingston, has been appointed house surgeon to the Royal Infirmary, Edinburgh.—Dr. Coburn has been appointed medical and statistical health officer for Fredericton, N.B.

Dr. W. H. Henderson, of Kingston, has been elected a life member of the Ophthalmological Society of Great Britain and Ireland. He has also been recently appointed to the chair of Histology in the Kingston Medical School. We regard the appointment as a good one, and calculated to reflect credit upon the school.

The Bulwer Tragedy.—Contrary to general expectation, the jury in this case acquitted Mrs. Coates of the murder of her husband by the administration of strychnine. The evidence pointed very strongly to the guilt of the woman, and the judge charged strongly for conviction ; but the jury ignored his charge and acquitted the prisoner, because there was a doubt on their minds, owing to alleged carelessness in conducting the *post mortem*, as to whether the husband's death was caused by poisoning from strychnine, or from tetanus. It is an unusual thing for criminal charges to fall through from carelessness on the part of medical men in the conduct of *post mortem* examinations, and while we do not believe there was such carelessness as was alleged, we trust this case may be a warning and incentive to all who may be called upon in such cases to do their work most thoroughly and carefully.

Personals —Dr. J. Workman, of Toronto, was elected an honorary member of the Italian Phrenatric Society, at its 4th Congress, held in the city of Voghera, between 16th and 22nd September.

Dr. Picault, of Montreal, was given a banquet on the 20th of September, by the French societies of the city, in commemoration of the 60th anniversary of his arrival in Canada.

Dr. H. J. Harrison has commenced practice in Cornwall, Ont.—Dr. W. Thornton is about to commence practice in New Richmond, Que.—G. S. Beck, M.D., M.R.C.S., Eng., of Peterboro, has returned from Europe.

The Homewood Retreat.—This is the name of a new private asylum for insane, just completed, in the city of Guelph, Ont. It will be under the charge of Dr. Lett, former assistant-superintendent of the Toronto Lunatic Asylum. Mr. Langmuir, former inspector of asylums, is president of the association. It is, we believe, now open for the reception of patients, and will accommodate about 50. Full particulars may be obtained on application to Dr. Lett, Asylum, Toronto. We commend the institution to the favorable consideration of the profession in Canada.

Instances of Extraordinary Fecundity.—F. P. Atkinson, Surbiton, Eng., publishes in the *British Medical Journal* for Sept. 15, 1883, the case of a lady of good position, who was married at sixteen and died at sixty-four, who had *thirty-nine* children all by the same husband. There were thirty-two daughters and seven sons with only two sets of twins. All the children attained their majority.

In the London Hospital Reports, Vol. I., 1864, it is reported that Mrs. W., now a nurse in the Hospital, was married in 1839, at 21 years of age. In nineteen years (*i.e.* in 1858), she had borne *twenty* children, viz., eight single births, three times twins, and triplets twice.

Chromic Acid as a Caustic.—Dr. Squibb says chromic acid is a valuable caustic, "because it is self-limiting in its action in a degree that no other destructive caustic is. It is an active oxidizing agent and destroys the tissues to which it is applied by oxidation. In this respect it is like other caustics, as nitric acid. But every molecule of chromic acid which destroys a molecule of organic tissue is itself destroyed and rendered inert by being reduced to an insoluble oxide of chromium ; and this principle and degree of self-limitation is not obtained from any other caustic."

Harvard Centennial.—The centennial celebration of this well-known medical school was held on the 17th ult., and was a most successful affair. An instructive and eloquent address was delivered by Dr. O. Wendell Holmes, and speeches by President Eliot, Dr. H. W. Williams, and Col. Henry Lee. The following representatives were present from Canada, and were invited to seats on the platform. Drs. Mullin, Hamilton; Aikins, Toronto, Howard, Campbell and Osler, Montreal; Atherton, Fredericton, N.B. An excellent collation was served after the close of the proceedings. In the evening a reception was given to the guests of the day at Young's Hotel, and refreshments served.

DISEASES OF THE SKIN.—Dr. Bulkley, of New York, will give a seventh course of lectures on Diseases of the Skin, in the New York Hospital, Wednesdays, at 2.30 P.M., commencing October 17th, 1883. The lectures will cover the entire subject of Diseases of the Skin (including Syphilis), and will be fully illustrated by colored plates, photographs and clinical cases. The course will consist of twenty lectures, and will be *free* to practitioners of medicine and medical students.

KERN'S POULTICES IN LYMPHO-SARCOMATA.—Prof. Busch, of Bonn, recently delivered a clinical lecture on the use of Kern's poultices in this disease. Kern's poultices consist of one part of mustard flour to five parts of black soap, the mixture to be enclosed in a gauze bag and applied to the growth for four or five hours every day. It produces intense irritation almost resembling erysipelas, and causes the tumor to soften and disappear.

SANITARY CONVENTION.—The Ontario Board of Health will hold a sanitary convention in London, Ont., on the 16th and 17th inst. Papers will be read upon various subjects connected with hygiene, and sanitary appliances of various kinds will be on exhibition. This is the second meeting of the kind in Ontario; the former was held in St. Thomas.

A NEW MEDICAL COLLEGE.—Steps have been taken by the profession in Winnipeg towards the establishment of a medical school. An act of incorporation will be applied for at the next session of the legislature. The names of the following gentlemen are mentioned in connection with the movement: Drs. Codd, Kerr, Wilson, Jones, A. H. Ferguson, Patterson, Brett, Whiteford, Good, Blanchard, R. B. Ferguson and Sutherland.

OUR attention was recently called to the advertisement of Dr. Kane, of New York, in which he claims to cure the opium habit by a combination of remedies not named. Upon receipt of his circular, we became fully convinced of the character of the advertiser, and have to express our regret that the advertisement appeared in our columns.

ROYAL PRESENTATION.—Her Royal Highness the Princess Louise, before leaving Ottawa, presented Dr. Grant with a very handsome despatch box as a recognition of his kind services to her during her sojourn in Ottawa. Mrs. Grant was also the recipient from Her Royal Highness of a very pretty candelabrum.

OLD ANNOUNCEMENTS.—If any of our readers happen to have announcements of the old medical department of Victoria College for 1858-9, and for 1860-61, they would confer a favor by forwarding the same to this office. They are wanted to complete sets which are being made up for a college library.

BRITISH DIPLOMAS.—F. C. Astley, of Onslow, Que., has taken the L.R.C.P., Edin., and was subsequently elected F.O.S., Edin. Drs. J. E. Jenner, E. M. Hoople, and L. Backus (Trinity), and Dr. Doulson (Toronto), have passed for the L.R.C.P., London.

HARVEY'S REMAINS.—The remains of Dr. Harvey, discoverer of the circulation of the blood, have been recently removed from the vault at Hempstead in which they have lain many years, and placed in a sarcophagus in the chapel. The object is to insure protection against desecration.

REMOVALS.—Dr. Jas. Grange has removed from Peterboro' to Napanee. Dr. N. E. Chevalier has removed to Iberville, Que. Dr. A. McLeod has removed to New Westminster, B.C.

M.D., TORONTO UNIVERSITY.—Dr. R. E. Clapp, of Harriston, Ont., received the degree of M.D., Toronto University, at a meeting of the Senate on the 28th of Sept.

Books and Pamphlets.

A TEXT-BOOK OF GENERAL PATHOLOGICAL ANATOMY AND PATHOGENESIS, by Enst. Ziegler, Prof. of Pathological Anatomy in the University of Tubengen. Translated and edited by Donald McAlister, M.A., M.B., Cambridge.

This is a valuable compendium of the present knowledge of the various subjects embraced in the work, and it is well-deserving of patient study by every member of the medical profession who desires to keep up with the march of modern research. It is illustrated by 354 figures, some of which are executed in a very instructive form. The lettering in a few instances is defective or obscure, but considering the cheapness of the book, as indeed of the entire series of the "Wood's Library," artistic criticism should be very mild; and when we consider the impossibility of producing exact representations of morbid structures, which should serve as reliable illustrations of the ever varying phases and the endless varieties of pathological conditions, our appreciation of these productions of art must be very materially qualified. The student who derives his impressions of the pathological aspect of diseased structures from attractive plates and figures, (and very often the more attractive and dazzling all the more deceptive,) must find, when confronted in the autopsical theatre with the real objects, that he has been on the wrong road to useful knowledge. The English dress in which the translator has presented this work is truly charming. The style is faultless. If the rendering of the text is as accurate as it is pleasing, Dr. McAlister has done his part in a masterly way.

LECTURES ON FEVERS, by John R. Kippax, M.D, LL.B. Chicago: Gress & Delbridge. pp. 440.

These lectures contain the substance of the course on fevers delivered in the Chicago Homœopathic College during the session of 1882-83. The etiology, clinical history, differential diagnosis, and morbid anatomy, is given very fully and in a very attractive way, so that both those who attended the course, and those who read the work, cannot fail to be greatly benefited by it. The style is clear and concise, yet sufficiently full and complete. The exposition of the history and clinical character of the diseases treated of are on a level with the science of to-day. We only wish we could say as much for the treatment, but of course in regard to this there must of necessity be a difference of opinion.

ELEMENTS OF HISTOLOGY. By E. Klein, M.D., F.R.S., Joint Lecturer on General Anatomy and Physiology in the Medical School of St. Bartholomew's Hospital, London. Illustrated with one hundred and eighty-one engravings. Philadelphia: Henry C. Lea's Son & Co. 1883.

This little work will serve a useful purpose as a ready reference book for students and practitioners of medicine. The style is clear, and although the remarks upon each subject are very brief, they are nevertheless very complete. The book is well illustrated for a work of its size and pretensions.

QUIZ COMPENDS—Medicine, by Dr. Hughes; Surgery, by Dr. Horwitz; Anatomy, by Dr. Potter; Physiology, by Dr. Brubaker. Philadelphia: P. Blakiston & Son. Toronto: N. Ure & Co., $1 each.

These little manuals are very well adapted for the purpose intended, and will be found useful as aids to the memory of the student and practitioner.

THE COLLECTIVE INVESTIGATIONS OF DIPHTHERIA. As conducted in the Detroit Therapeutic *Gazette.* With editorial summary. Detroit, Mich.: Geo. S. Davis, Publisher, 1883. pp. 120.

INDEX-CATALOGUE OF THE LIBRARY OF THE SURGEON-GENERAL'S OFFICE, U.S. Army. Vol. IV. E.— Fizes. Washington, D.C.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA—Thirty-fourth Annual Session, vol. xv.. Philadelphia: Collins, printer.

Births, Marriages and Deaths.

On the 2nd ult., W. Claxton, M.D., of Verona, to Edith Augusta, eldest daughter of Allen Bond, Esq., Inverary.

On the 18th ult., J. M. Johnston, M.D., etc., of Belmore, to Miss Emma Bland, youngest daughter of Luke Bland, Esq., of West Zorra.

At Amherst, on the 10th ult., R Ripley, M.D., aged 46 years.

At Carp, Ont., on the 4th ult., T. A. Kidd, M.D. (Trinity), aged 25 years.

At Pine Orchard, Ont., on the 12th ult., Playter May, M.D., (Trinity), aged 26 years.

At Lifford, Ont., on the 24th ult, A. B. Wilson, student of Trinity College, aged 24 years.

⁂ *The charge for notices of Births, Marriages and Deaths is Fifty Cents, which should be forwarded in postage stamps with the communication.*

THE CANADA LANCET.

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Original Communications.

PROPHYLAXIS OF THE VENEREAL DISEASES, AND ESPECIALLY SYPHILIS.

BY DR. J. SORMANI, PROFESSOR OF HYGIENE IN THE UNIVERSITY OF PAVIA.

Translated by J. WORKMAN, M.D., Toronto.

Introduction.

The August number of the *Revista Medico-Quirurgica*, of Buenos Ayres, presents a continuation of the above work, translated from Italian into Spanish. The subject is of momentous importance, and it is very desirable that every member of the medical profession, or in truth every member of society, should be made acquainted with the terrible consequences which have everywhere resulted from the neglect of adequate sanitary measures for the prevention of the spread of one of the most, if not verily *the most* destructive maladies that has ever fallen on the human race. The plague, cholera, smallpox, yellow fever, scarlatina and diphtheria are all fearful diseases, but even when they terminate in death, there their havoc culminates. How different is it with syphilis! Who can tell to how many generations it may be transmitted, or how innumerable may be its innocent inheritors? Few medical practitioners can be ignorant of the distressing morbid complications with which from time to time they are confronted, and against which they have to contend,—the unequivocal, and too often indomitable, constitutional residuaries of the syphilitic virus. Were all medical practitioners who are competent to form a reliable diagnosis, to register with unswerving accuracy the causes of death, it is beyond all doubt that inherited syphilis would stand much higher in our tables of mortality than it has yet done. Very few practitioners meeting with these cases ever venture to inform the friends of such patients of the real nature of the disease. No sensible person can find fault with their reticence. The peace of families would be destroyed by a different course, and the rational treatment of the disease could not be benefited by unprofessional garrulity. But when physicians are called upon for their decision as to the best means for the prevention of disease, and especially of one so destructive as syphilis, they should exhibit the "courage of their opinions," and give no uncertain sound of their convictions. It is a most unquestionable, and at the same time a most lamentable fact, that the most strenuous opponents of legislative provisions for the prevention, or the lessening, of the diffusion of syphilis, are women,—the very individuals who have the deepest and most immediate interest in the carrying out of preventive measures. Medical practitioners are not blameless in this relation; they might declare their views without descending to individual proofs. Perhaps when our ranks become strengthened by recruits from the other sex, the antagonists of common sense will learn more than they now know.

Translation.

"The city in which sanitary regulations in relation to these diseases are most rigorously enforced, is certainly Brussels, and it is in this city that the smallest proportion of cases of syphilis exists. Dr. Jannsens asserted, in the International Congress of Hygiene in 1876, that only one or two cases in the whole year are met with among prostitutes. Professor Thiry, in the meeting of the Society of Public Medicine in December, 1880, stated that the cases met with were almost always those of newly arrived English women; this proves that vigilance over prostitution has a direct and certain influence in diminishing the manifestations of venereal contagion, and especially that of the syphilitic virus, which should command our earnest attention. It is objected, with a show of reason, that the vigilant visitation falls on only 100 women, whilst ten times as many pursue the vocation clandestinely, and escape detection; consequently the benefit derived must be trivial. The opponents therefore say that an advantage which costs so many sacrifices of the liberty and modesty (!) of the poor prostitutes subjected to visitation should be renounced. Surely this sort of argument can convince nobody. The registered prostitutes do not constitute the whole nor even a majority of the entire class, but these are the most prostitute of the prostitutes, the poorest, the most depraved and the most frequented by persons of bad life, and they have intercourse with men of their own class, thus irreparably and very extensively contaminating the lowest strata of society. On the other hand it may be observed, that the visitation made to those registered is useful to the clandestine class also, who derive an indirect benefit, as has been observed in England, in the cities which have not (?) been subjected to the orders relating to contagious diseases.

"In 1850 the police in Paris arrested clandestine prostitutes; among these syphilitics were found in the proportion of 40 per cent. In 1834 the proportion was 31 per cent. *(Parent-Duchalet).* From 1861 to 1866 the proportion went down to 27 per cent. *(La Fort).* In Milan the clandestine prostitutes inscribed were found infected in the proportion of 95 per cent.; the proportion gradually diminished, being in 1873 reduced to 49 per cent. In Turin, according to Dr. Catella, the infected clandestine prostitutes in 1848 were in the proportion of 62 per cent., in 1855 they were 30 per cent., and in 1879, 18 per cent. A similar result was observed in Strasbourg: in 1853 this service was devolved on the police; it had previously been very defective: the new director caused the arrest of a great number of prostitutes. In the visitation 83 per cent. were found to be infected, but in the succeeding years the proportion had so much decreased that, in 1856, the proportion was only 32 per cent. The same fact was confirmed in Bordeaux; in 1858 the diseased clandestine prostitutes were in the proportion of 49 per cent.: the service was reorganized in 1859, and in 1860 the proportion had descended to 20 per cent. If benefit results, even indirectly, from the sanitary visitation of the non-inscribed prostitutes, it must with greater reason result to those women who are brought under the regulation. In a brilliant communication of Dr. Kuborn to the Royal Academy of Public Medicine, we read that from 1865 to 1870 the public women visited in Paris presented, according to Carlier, the following proportions: the clandestine, 27 per cent.; the inscribed less than 2 per cent. infected.

"It is seen, from the statistics gathered by Dr. Fidanza and reproduced by Dr. D. Benjamin Dupont in his *Pornographia* de Buenos Ayres, that, in this city, in which the sanitary vigilance over prostitution is almost nothing, there entered into the hospitals, from 1872 to 1877, 4,632 venereal patients, among whom there was a mortality of 4 per 1,000 in men, and 100 per 1,000 in women. The prostitutes of the low class, through ignorance or negligence, give no heed to their disease, and it consequently becomes sometimes so aggravated as to result in death. Well now, we have seen that in the cities in which sanitary visitation has been established, it is very beneficial under different aspects, *since it diminishes venereal diseases among the troops and prostitutes subjected to visitation,* whilst it is indirectly beneficial also among those not so subjected, and it attenuates in a marked degree the more grave form which occasions syphilis. It also appears that the venereal affections are propagated with more facility, according to the observance of Dr. Mauriac, by those not subjected to visitation; he, after investigating the origin of the contagion in 4,735 venereal patients treated by him, found that 4,012 had been infected by non-inscribed women.

"Let us now look on the reverse side of the medal, at what takes place in London, in relation to this most interesting subject. In that city prostitution is free, and there are in it more than 50,000 prostitutes. These women are addicted to whiskey and gin, and they are to be met with in every street in the night, and frequenting all the cafes and beer and liquor establishments, and the vestibules of the theatres. They congregate in the brothels, or nocturnal houses, in the long rooms frequented by sailors, and in the hells where they are to be found in great numbers.—(Ryan, *On Prostitution in London,* 1836). In some parts of England there are obscene dens in which girls between 12 and 15 years of age, half-naked and almost dying of hunger,—prostitute themselves for a few pence.—(Lecour, *Prostitution in Paris and London,* Paris, 1877). In 1864 more than 6,000 women, who had no other mode of living than prostitution, appeared before the tribunals of London, for various offences. May we not now say to the English ladies of the confederation, 'give heed to the beam that is in your own eyes?' It is easy to understand why in London the consulting annexes of the Lock Hospital, Guy's Hospital, the Royal free Hospital, University College, the Westminster and the Metropolitan free Hospital, are crowded with venereal applicants, for those admitted as in-patients are not numerous. In 1865 the syphilitics, aided in these hospitals, were 1,846.—(*Le*[illegible]*r*). It is besides calculated that 20 per cent. of those having affections of the eyes, presenting themselves at the Ophthalmic Hospital, have syphilitic infection as the cause. The Harveian Medical Society of London published in 1867 a report, in which was shown the great abundance of venereal affections and syphilis in that city. In the Hospital for Children it was seen that, in 1,000 surgical cases, 93 boys and 106 girls were syphilitics.

"We have now seen that venereal diseases, and especially syphilis, abound in those places where prostitution is free and unwatched, but it may appear a paradox that these diseases multiply and assume aggravated form still more in those countries in which prostitution has been persecuted, and, if we should judge from appearances, abolished. I have alteady spoken of Rome, a city in which syphilis has made great ravages, and if any one desires to know what occurred there in the years from 1849 to 1870, he needs but to read the report of Dr. Jacquot, physician of the hospitals of the French army of occupation, in which he writes thus: 'Miserable creatures prostitute themselves nightly in the dark angles of houses, under the less frequented porticos, on the seats and borders of walks, and even in front of St. Peter's.' And what is certainly still worse: 'Prostitution in Rome is carried on in all parts, and, disgraceful to relate, frequently in the interior of families.' The city of Munich presents to us another example: in 1811 the Bavarian parliament passed a law by which severe penalties (from one month to two years' imprisonment) were inflicted on all women following prostitution. All the houses of tolerance were immediately locked up, and all visitation and medical inspection ceased; well, what followed? Whilst in the two preceding years the number of men and women with venereal disease admitted to the hospitals had averaged 1,006 yearly, in the five succeeding years the average rose to 1,500, and in 1866 it reached to 1,835,—almost double the number of diseased, and the houses of tolerance were closed and visitations suspended!

"These facts teach us another lesson, which relates to the proportion of venereal cases in the sexes. During the period of the tolerance and vigilance of prostitution, there entered the hospitals 203 men affected with syphilis for every 100 women, but when visitation was suppressed the figures rose to 335 men for every 100 women, which shows that the women did not voluntarily go to the hospitals when they were diseased, but continued spreading the contagion, regardless of the sad consequences. The director of the Syphilitic Hospital of Hamburg also states in his report, that after the suppression of the houses of tolerance, syphilis extended more among men than among women, as was observed in Munich. In January, 1876, there were in the hospital 63 men and 127 women, but in the corresponding month of 1877, five months after the suppression, there were in the establishment 104 men and 98 women. Visitation is then necessary under a hygienic point of view, principally for the woman, as a syphilitic man may infect only a small number of women, whilst a woman may transmit the disease to many men. Further, it is rare that a syphilitic man does not seek for treatment, but this fact is not observed in women; consequently as the prostitutes are not subjected to sanitary visitation, and in its place the system of absolute liberty, or that of prohibition is adopted, we see, under whichever of the two, how disastrous are the results both to hygiene and to morality.

"We must now give our attention to another gratuitous assertion, which has been made by the optimists of the Federation, and reproduced, I say it with concern, by some medical men: it has been affirmed with extreme flippancy that there is in reality nothing to be feared from syphilis, that it has lost the malignity which it had in the 15th century, that it is seldom mortal, and, in fine, that it is diminishing and has become very rare. What substantiality is there in these optimistic ideas? Let us examine the facts. It appears from the report of Dr. Bruckner, presented to the Reichstag in February, 1877, that during the year 1876, there were detained by the police in Berlin 16,168 women, of whom 879 had syphilis. In the same year 895 soldiers of the Prussian army affected with syphilis entered the hospitals, and in 1873-4, 2,982. Among the members of the societies of operatives in Berlin, there were 5,817 syphilitics in

1878. So syphilis yet exists in Prussia! Of the soldiers of the French army there entered the hospitals in consequence of syphilis, 2,638 in 1875, not including simple venereal cases; in 1876 the number was 1,864, and in 1877 it was 1,887, or in all, in the three years, 6,389. In five hospitals of Paris, 1,403 syphilitics were admitted in 1867, and 1,551 in 1868. In the city of Paris there died of syphilis in three years (1875-77), 476; or 8 to every 100,000 inhabitants, yearly. The city of Vienna, in 1876, registered 42 deaths from syphilis, or 6 per 100,000 inhabitants. In London, in the three years, 1846-8, 127 deaths from syphilis were registered; in 1866-8, the deaths registered from the same cause were 1,357, and in 1876-8 they were 1,376, or 13 per 100,000 annually of the inhabitants. In England and Wales the numbers given as deaths from syphilis were, in 1864, 1,550; in 1867, 1,698; in 1870, 1,858; in 1874, 1,997, and in 1878, 2,182. Deaths from syphilis are, then, very frequent in England, and they are constantly increasing. Let us now pass to Italy. I have, in my *Nosological Geography*, brought together the known statistics, in order to study the frequency of syphilis in Italy, of which I now proceed to present a brief summary. In the fourteen years, 1863 to 1876, 303 young men, coming chiefly from Lombardy, Campania and Sicily, were declared useless for military service, because laboring under syphilitic cachexia. In the period 1875-8, the number of deaths from syphilis in 18 Italian cities, reached the considerable figure of 1,708, of which the greater part were deaths of children under one year old. The figures for Rome, Naples, Padua, and Milan are very high, as will be seen from the following table:

DEATHS FROM SYPHILIS IN EIGHTEEN ITALIAN CITIES.

Cities.	Periods.	Deaths. Total.	Deaths. Y'rly.	Proportion, annually, per 100,000 inhabitants
Turin........	1869 to 1876	79	10	1
Alessandria ..	1875 " 1878	2	1	3
Genoa	1875 " 1878	41	10	6
Milan	1875 " 1878	97	24	9
Verona	1874 " 1878	43	9	13
Vicenzia	1875 " 1876	7	3	7
Padua.......	1872 " 1877	120	20	28
Udine.......	1873 " 1878	87	14	47
Venice......	1875 " 1878	35	9	7
Rovigo	1877 " 1878	1	0	9
Bologna.....	1875 " 1878	52	13	11
Liorna	1876 to 1878	24	8	8
Rome	1874 " 1878	852	170	64
Naples	1875 " 1878	168	42	9
Lucca	1876 " 1878	10	3	12
Cocenza	1877 " 1878	3	2	13
Messina......	1876 " 1878	76	26	22
Catania......	1877 " 1878	11	5	6
		1708	369	

"With respect to the city of Turin, we have been able to establish interesting data and to see whether the mortality caused by syphilis had increased or diminished. In the ten years, 1828-37, 1,945 individuals, or 194 per year—on the average, died from syphilis; the city, suburbs, neighborhood and the garrison contained 124,000 inhabitants. In the more recent period, with over 214,000 inhabitants, it has had only 10 deaths per year from syphilis! Does this not indicate a very notable hygienic improvement? And has it not been brought about under the domination of the enforced regulations, authorizing vigilance over prostitution, and under the influence of other hygienic measures adopted for the purpose of limiting venereal affections? In the period, 1828-37, the mortality from syphilis was 156 in every 100,000 inhabitants, yearly; in the period, 1869-70, the number went down to 4 per 100,000,—a result obtained in only 50 years! We might, then, hope that in Rome, in the course of 15 or 20 years, the proportion of 64 per year in 100,000, might be reduced in like manner, though certainly not under the system of liberty, but of vigilance. Professor Gamberini states that he treated, in the syphilis hospital of Bologna, 19 syphilitic prostitutes in 1879, and 38 in 1880. In the establishments for venereal and cutaneous diseases, in Pavia, directed by Professor Scarenzio, according to Dr. Raimond, 261 cases of constitutional syphilis were treated in 1873-80."

PNEUMONIA [*]

BY J. NEWTON SMITH, M.D., HAMPTON, N. B.

Pneumonia is, strictly speaking, an inflammation of the vesicular structure of the lungs, and may effect one or both lungs, or a part or whole of one lung. There are three recognized types of pneumonia, viz: Croupous or Lobar, Catarrhal [or

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[*] Read before the New Brunswick Medical Society, in St. John, July 17th, 1883.

Lobular (or broncho-pneumonia), and Interstitial pneumonia. That form about which I propose to say a few words, is croupous pneumonia, and it is this form which is understood when we say that a person has pneumonia.

The etiology of pneumonia, like many other diseases. has a wide range. As regards age, the greatest number of pneumonia patients are between fifteen and forty years, the most favorable time in life to have it, other things being equal. Cases under five years of age, or between forty and sixty are not very numerous, although no age is exempt from it. As a person reaches sixty and upwards, he is more likely to take the disease when exposed to the cold, or any depressing influence that would be likely to act as an exciting cause. There are many exciting causes well-known to us all; but there are two points in the etiology of the disease that might be profitable for us to consider, viz: 1st. What may those unknown atmospheric changes be, which act as exciting causes in epidemic pneumonia? and, 2nd. Is pneumonia under no circumstances a contagious disease? As regards the unknown atmospheric changes which act as exciting causes, it is a fact known to us all that pneumonia occurs as an epidemic, under some peculiar condition of the atmosphere, the theory of the nature of which has not yet been established; but were it established, it might be of material benefit in the prophylactic treatment of the disease. We might with propriety ask ourselves, "How shall we attempt to unravel the mystery?" And yet, may it not seem reasonable to suppose that we have some basis for the theory, that an atmosphere containing an excess of ozone, is the exciting cause of epidemic pneumonia in many cases, from the very fact that the apparent condition of an atmosphere which favors the developement of pneumonia, is likewise favorable to an excess of ozone. The results of various observations have shown this to be the case. We are also aware that ozone is a highly irritable, poisonous gas, and air that is charged with it, is irrespirable. It somewhat resembles chlorine gas in its effects upon the human subject. Its odor is so powerful that it can be recognized in air containing only one millionth part of the gas. Now, the constant inhalation of such an irritable gas, even in very small quanties, cannot fail to produce injurious effects upon the breathing apparatus to a greater or less extent. There is present in the atmosphere a greater amount of ozone in the winter than in the summer, in damp cold weather than in dry cold weather, and there is likewise more found in the country than in the city. So is it true of pneumonia; it is more prevalent at such times, at such places and under such conditions as I have mentioned, all going to prove that the conditions which favor the development of ozone, also favor the development of pneumonia. The question might very properly be asked,—Why is it that we have more ozone in the country than in the city? The question is easily answered, when we bear in mind that ozone is a great natural disinfectant. It seizes hold of all miasma wherever it is generated and purifies the air in proportion to the amount of ozone that is present. So in the country, where the air is naturally free from impurities, very little ozone is sacrificed in disinfection; but in towns and large cities, there is such an abundance of impure gases, that the ozone is soon exhausted in counteracting the effects of an atmosphere contaminated with impurities. Hence the reason why a wind bearing ozone is felt in its effects only at the outer portion of a city where it strikes. So it seems to be with pneumonia; the outer portion of a city that is more directly exposed to an eastern or western wind, is more liable to an epidemic of pneumonia than the interior of a city, and still more so is the country than even the outer portions of a city, taking into consideration the sparsely settled country in comparison with the densely inhabited city. From these as well as other facts concerning ozone, I think we might reasonably conclude that it certainly has something to do with the occurrence of epidemic pneumonia.

Having spoken of pneumonia as an epidemic, I wish now to ask the following question:—Is pneumonia under no circumstances a contagious disease? I believe this question has always been answered in the past in the negative—that it is not a contagious disease. I think, however, that at least some of you during the past year must have been led to believe that it sometimes seems contagious, although it never has been considered so before. A number of cases have come under my observation during the past nine months, which almost convinced me that it could really be conveyed from one person to another, from the manner in which the different members of the family contracted the disease. They were all alike exposed to the same influences at the same time, and yet one after the other took the disease, seemingly in the order in which they were the most directly in each other's presence. And in all of these cases, no other symptoms manifested themselves which would lead me to suppose that there were any morbific agents at work, other than those belonging to pneumonia. I have noticed through the medical journals that others have made the same observations, and if there be any present who have had the same experience, I would be glad to hear from them.

The symptoms and differential diagnosis of pneumonia, although of great importance to the practitioner, are so well understood by us all, that it is not necessary to say anything about them; but I desire to say a few words respecting the prognosis and treatment of the disease in question. It is comforting for a physician to be able to prognosticate with approaching exactness, the severity, daily development, and probable termination of a disease even of the gravest form, for though our efforts to save life are in vain, under such circumstances we do not lose the confidence of those who employ us, and we have the consoling thought that we have done our duty, and that we have not lost our patients either through neglect or lack of professional skill; but by a superior power over which we have no control. There are many things to be taken into account in order to enable us to give a correct prognosis in pneumonia—among which we may mention age, constitution and habits of the patient, all of which are of great importance. Occurring in the young child, or in a very old person, it is almost always fatal. According to well authenticated statistics, between the ages of 40 and 70 years, the death rate is between one in five and one in seven. On the other hand its lowest mortality is between the ages of 10 and 30 years. Between those ages the majority will recover, if other circumstances be favorable. If a person be addicted to drinking habits, or is of a feeble constitution, or suffering from any serious organic disease, especially of the heart, lungs or kidneys, the prognosis is unfavorable, in proportion to the extent of these diseases, or to the excess of vicious habits. The prognosis is likewise dependent upon the amount of lung involvement. Pneumonia is attended with very great danger when the patient is in a pregnant state, although the lung be only partly involved. Among the individual symptoms which indicate danger might be mentioned, high temperature, absence of expectoration in the second and third stages, with loud tracheal rales, or a copious liquid, prune juice, expectoration; or extreme prostration in any stage of the disease, followed by a cold clammy sweat, are all indicative of great danger. It is said by good authors, that if the pulse reaches 150 per minute, the case is almost certain to be fatal; but we should not give up our patients even though it should temporarily reach above that point, for there are exceptional cases where the pulse exceeds that for a short time and recovery takes place. I myself have met with a case in which the pulse at one time exceeded 150, and the blueness of the lips and ends of the fingers gave strong evidences of cyanosis, yet the patient recovered. Another unfavorable symptom is that of pulmonary congestion. When there is pulmonary congestion in the portions of the lung which are not involved, there is great danger, as this condition is frequently the direct cause of death.

As regards the treatment of pneumonia I shall not detain you long; but refer to some of the means which are adopted for the cure of this disease. In mild cases we should adopt the expectant plan of treatment; put our patient in a warm airy apartment, and wait for the symptoms which we may be called upon to treat. Unfavorable symptoms which may arise under these circumstances, will yield more readily to the proper kind of treatment, than they would had the patient been subjected to a regular routine course before those symptoms were manifest. I would not, however, recommend that we lose sight of our patient, and trust to friends to let us know when our services are required. We should watch him closely and give nature the necessary aid at the proper time. It is likewise necessary that we should attend to the general comfort of the patient, not forgetting that he requires plenty of fresh air, the temperature of which should range from 68° to 70° F.; abundance of easily digested food should be given, such as milk, beef tea, and where the stomach can tolerate it, fresh eggs can be given with advantage. It is also of vast importance to insist upon the patient protecting the chest from sudden changes of heat and cold, and to prevent all exposure to draughts. If these rules are properly carried out the patient will be likely to recover, without resorting to active measures; provided that none of those unfavorable conditions exist which I have mentioned in the prognosis. On the other hand, if the patient be not convinced of the importance of observing these rules, he may ignorantly involve himself in much danger, which otherwise might have been avoided.

In a severe case of pneumonia, there are usually two conditions which we wish to remedy, viz: a high temperature and feebleness of the heart's action. Various means have been adopted for the reduction of the temperature. For the accomplishment of this end, the Germans think that they have all that is necessary, in the cold compresses, which they apply freely to the chest; believing that it will not only reduce the temperature, but hasten the critical day that we speak of in pneumonia. It is well-known to those who have resorted to this means, that it does momentarily relieve all the distressing symptoms; but as soon as the compresses are taken off, or otherwise neglected, the symptoms return with increased intensity. Besides there is a great risk of the patient being chilled, and the pneumonitic process extending; hence I think we should not attempt to reduce the temperature or relieve the local symptoms in this way.

Many again use aconite and veratrum viride to lower the pulse and temperature as well; but these likewise have only a temporary effect, and cannot be continued for any length of time in most cases, without producing gastric trouble, and very often great prostration. The veratrum viride especially produces this effect, chiefly on account of its nauseating nature.

Now, the cause of the high temperature in all acute inflammatory diseases, is the rapid molecular metamorphosis, or wasting away of the animal tissue in small particles. Bearing this fact in mind, it is well for us in looking for a remedy to endeavor to find one that will not only reduce the bodily temperature, but check the molecular change that is the cause of the excessive heat. It is said that quinine will do this—and we all know its great value as an antipyretic—therefore I think quinine should always have the preference in such cases. If quinine be given in the usual antipyretic doses, it will seldom fail to show its good effect in pneumonia, in from 24 to 36 hours, while it shortens the febrile stage, and hastens the period of resolution.

The second thing to be accomplished in a severe case of pneumonia, is to sustain the enfeebled heart, for most of the deaths in this disease are directly due to heart failure, or indirectly to passive pulmonary congestion. The administration of alcoholic stimulants is the most effectual means for this purpose; but they should be used with the same caution as any other drug; for, if given when the pulse does not show by its rapidity and feebleness that they are indicated they may do a great deal of harm. Therefore we should carefully watch the pulse, and thereby ascertain the force of the heart's power, and give it only in quantity to meet the demand. For excessive feebleness it should be freely administered, for moderate weakness only a small quantity. In short, we should not depend upon book knowledge, or the experience of others; but upon our own judgment as regards when, or in what quantity our patient should be allowed alcohol, if we wish success to crown our efforts. Another stimulant which is much given by some, is carbonate of ammonia which I believe is very efficacious in extreme cases, and where syncope is threatened. When there is an indication for an immediate stimulant, the carbonate of ammonia is preferable to alcohol, although the use of the one will not necessarily prevent us from using the other as well. On the other hand if we wish to continue the carbonate of ammonia for any length of time, it is objectionable on the ground that it acts as an irritant to the stomach, hence I think we should not carry it too far, especially should the gastric symptoms contra-indicate its continuance, for in such cases it will injure the patient, and diminish his chances of recovery.

The palliative measures used in pneumonia are various; I shall not detain you long in speaking of them, but offer a word of caution. We cannot be too careful in using narcotics in this disease, although it is sometimes necessary to give them in moderation. It is dangerous to give opium in any form, if the pneumonia be extensive, for small doses have been known to produce great prostration, and complete narcotism. We should never administer opium, even in very small doses, when there seems to be a tendency to loss of muscular power of the bronchi; but in such cases belladonna is often of service, and should always be given instead of opium when there is a contracted pupil. On the other hand if there be severe pain in the affected side, and very distressing cough, and no contra-indication to its use, then opium may be given with advantage in small doses, the hypodermic injection being the best way to administer it. In cases where there is restlessness, and opium cannot be given, chloral in small doses will produce sleep, and act beneficially upon the cough as well. Many use expectorants in pneumonia, while others claim that they are of no service on the ground that the accumulations within the bronchi are due to the loss of muscular power to free themselves, hence expectorants cannot remedy the difficulty. So when this condition exists, belladonna can be given with advantage, as this drug gives tonicity to unstriped muscular fibres.

Poultices if properly used are of service in hastening the period of resolution, promoting absorption and aiding in expectoration.

In conclusion, a word might be said about counter-irritants. Some strongly recommend them in the early stage, while others condemn them on the ground that they only increase the distress of the patient, without being of any benefit. I think, however, all will admit that when there is considerable pleuritic effusion, or when the period of resolution is delayed, counter-irritants are of great service.

PROPHYLAXIS AND TREATMENT OF ANGINA TONSILLARIS.*

By Dr. Jean Giné, y Partagas (Professor of Clinical Surgery, Barcelona).

(Translated by Dr. C. W. Covernton, M.D., M.R.C.S., Eng., Toronto, Ont.)

There are numerous abortive remedies for the treatment of certain pathological conditions, which might be separated from the domain of therapeutics to be inscribed in that of hygiene. In this list are to be found all those agents which produce a rapid disappearance of a pathological condition at its onset, without proving dangerous to the subject of it. If for example we were acquainted with a powerful and efficacious abortive of eczema, we should accord it no consideration as a hygienic measure; we should not advise that its use and management should be within the reach of all, because in certain cases, eczema is repelled to the grave detriment of the bronchial and digestive passages. The same may be said of erysipelas, although in this case a solution of silicate of potash has proved of great service, as it does not act in repelling the phlegmasia, but rather in extinguishing the local inflammation, which in my opinion is the cause of the general symptoms that have occasioned this disease to be considered by many practitioners as essentially an internal affection. To be entitled to the term hygienic an abortive remedy should fulfil the following conditions: 1st. The substance employed should be entirely innocuous to the animal economy. 2nd. The immediate resolution of the affection should not entail any morbid consequences. These two conditions are fulfilled in bicarbonate of soda as an abortive in angina tonsillaris, applied in substance to the surface of the inflamed tonsils, from the commencement of the pathological process. I have found that the employment of this agent constitutes a practice worthy of receiving the sanction of hygiene, and of entering into the field of popular knowledge in order to protect the public from a frequent, painful and recurrent disease. My abortive method for simple tonsillitis rests upon a rational basis and has practical sanction. The rational basis is derived from an anatomical knowledge of the follicular glands of the tonsils, the physiological conditions, and the pathological nature of tonsillitis. (1) The closed vesicular glands of the tonsils are of a structure similar to those of the neighboring parts of the tongue and pharynx; but in the tonsils they are grouped in conglobate glands, the excretory ducts of which are to be observed at the bottom of certain anfractuosities and grooves in the free surface of the gland. The fluid which these glands secrete is essentially mucous, but it differs from that which is elaborated in the closed follicles of the base of the tongue, inasmuch as it ordinarily presents whitish masses of a pultaceous or tuberculous aspect, masses which, becoming more abundant in the acute phlogistic conditions, have occasioned lamentable errors from the confounding of a simple benignant angina with diphtheritic angina. (2) The physiological rôle of the tonsils, like that of the muciparous follicles of the base of the tongue and pharynx, is simply that of lubricating the isthmus of the throat and thus facilitating the passage of the alimentary bolus. The exudation of mucus is accomplished by exosmosis through the three tunics which enter into the composition of the closed follicles. In the normal condition, this tonsil mucus is neutral or alkaline and sufficiently fluid. As soon as it loses its alkalinity, it thickens and is with difficulty eliminated from the follicles whence it is elaborated. Now if during the catarrhal phlegmasias so frequent in the tonsils, the secretion of the follicles becomes acid, it necessarily loses its fluidity, and no longer being able to pass out of the closed follicles, it accumulates in them and rapidly augments their volume, causing pressure on the vessels, nerves and stroma, and hyperæmia with strangulation, having a striking analogy with anthrax. Owing to the above conditions there is pain, increasing greatly each time the patient makes an effort at swallowing, ultimately fever, cephalalgia and the symptoms of concomitant gastric catarrh which characterize angina tonsillaris. The extension of the phlegmasia to the Eustachian tube gives rise to otalgic pains and to a certain degree of cophosis, to be explained by the presence in this locality of a group of muciparous follicles derived from the glands which form what are called the tonsils of the Eustachian tube.

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* Read at the Fourth International Congress, Geneva, 1882.

Perhaps for my object I have dwelt unnecessarily on the pathology of angina tonsillaris, but I trust that the preceding details will be of service in explaining the action of bicarbonate of soda and the abortive influence it possesses. If the alkalinity of the buccal mucus is an essential condition of its fluidity, and if this quality is lost at the onset of catarrhal inflammation, it is evident that an alkali penetrating the cavity of the follicles will liquefy the mucus and place it in the necessary physical condition for transuding, the glandular retention will cease, and the affection will be immediately cured. This abortive action succeeds at an early period, often within twenty-four hours. When the follicles are already swollen, exercising compression on the stroma, the vessels and nerves of the gland, the secretion will no longer be the chief pathological element; but there will be more or less advanced inflammatory hyperæmia. Here again the alkaline remedy may be serviceable and lead to the evacuation of the follicles, but the inflammatory process already commenced will not terminate in speedy resolution, but will follow its course, more or less long, according to the degree of inflammation. Finally, when the tonsillary inflammation has arrived at the highest degree and has propagated itself to the glandular parenchyma, the alkaline medication will have no influence.

The tonsillary phlegmasiæ are greatly disposed to relapse and to leave hypertrophy, with thickening of the mucous and chronic infiltration of the connective tissue. In this case the bicarbonate of soda, applied in the manner I am about to describe, will have a beneficial action and will prevent the necessity for the operation of tonsillotomy. In the initial period of free amygdalitis, characterized by slight pain in deglutition, the effects of bicarbonate of soda are as rapid as certain. It should be applied dry. If the patient is old enough he can make the application himself. It suffices to moisten the corresponding index finger of the side of the affected tonsil, to cover it as thickly as possible with the salt and then to place it on the affected tonsil so that the bicarbonate becomes adherent to it. The patient will remain for two minutes with the mouth open and without swallowing, so that the bicarbonate will remain a sufficient time in contact with the tonsil. It will soon be noticed that the salt liquefies on the mucous membrane and penetrates the follicles of the gland. Five minutes after, the application is repeated in the same manner, and continued every five minutes for five or six times. After that the patient may attempt to swallow and will be surprised to find that he may do so without inconvenience. From this moment the angina is aborted. It is unnecessary to say that, in the case of small children, this operation must be performed by means of insufflation. The nausea and the salivation that the presence of the finger and the contact of the bicarbonate in the throat produces, far from being detrimental, are powerful auxiliaries to the treatment, since the sudden contraction of the muscles favors greatly the evacuation of the muciparous follicles. Nevertheless, it is always preferable to operate when the stomach is empty, in order to avoid vomiting. When the symptoms of fever which indicate the ascending period of amygdalitis are established, with considerable tumefaction of the gland and sharp pains in deglutition, it will even then be desirable to try the bicarbonate as a resolvent to favor the evacuation of the muciparous glands, promote resolution and diminish the sufferings of the patient. In these cases we may commence with the use of the salt in the hope of abortive action, but if after thirty minutes the angina shows no signs of resolution, it must be continued from hour to hour. If the angina arrives at its maximum of development, the bicarbonate does no harm, although it may be of no service. In the hypertrophic condition of the tonsils consequent on inflammation and its product, the bicarbonate perseveringly employed is again of great utility. Two or three applications daily, during one or two months, will occasion a gradual resolution of the hypertrophy. My method of abortive treatment by the bicarbonate has been known and practised for several years in Spain. I have employed it very often in my surgical clinic at Barcelona, and some of my pupils who have witnessed the treatment have also used it with success in their own practice. My friend and pupil, Dr. Armangue, of Barcelona, was the first to report his experiences. Some young physicians have published a small number of cases, which at first glance would appear to represent the efficacy as doubtful, but it is sufficient to state that one of the cases was one of diphtheritic angina, and that in two other cases the remedy was not employed at the commencement of the affection. Almost all the Spanish journals have published cases which incontestably favor the abortive efficacy and the resolvent action of bicarbonate of soda. The professor in his paper then related many cases from his clinical records (1) Of its successful abortive action in the initial stage. (2) Of cases where it was successfully employed in the first period of increase. (3) Cases in which hypertrophies to the extent of blocking up the isthmus of the fauces and consequent dyspnœa, were relieved by the persistent application for two months, three times a day, and the necessity for the operation of tonsillotomy dispensed with.

[Later reports from different sources confirm the value of this treatment in tonsillitis].—Ed.

Correspondence.

VILIFYING THE PROFESSION.

To the Editor of the Canada Lancet.

Sir,—I enclose you an advertisement, headed, "Betraying Confidence," which has appeared frequently in Montreal and Toronto papers. The sentence following this glaring heading runs thus;

> "It is very much to be regretted that the large majority of the so-called regular M.D.s will persist in discouraging poor sufferers, whom they have failed to cure, in trying the specialist, in whose hands lies their last and only chance to get well."

It is easy, I conceive, to understand from this, that by the "so-called regular M.D.," is meant the legally qualified practitioner, and "the *specialist* in whose hands lies their last and only chance," means in this case the presumptuous advertiser. The advertisement, as you will notice, is addressed to "anyone suffering from asthma, catarrh, bronchitis, catarrhal deafness, or consumption."

I hope, sir, you will consider it within your province to call attention to this underhand method of vilifying the profession.

I am, Sir, yours, etc.,
T. Arnold Haultain, M.A.
Peterborough, Ont.

Reports of Societies.

TORONTO MEDICAL SOCIETY.

Sept. 27th, 1883. The President in the chair. After the reading of the minutes, Dr. Riddel presented notes of a very interesting case, with specimen. Miss C, æt 40, fell and injured her spine in 1875, but recovered without apparent bad effects. In 1877, she began to have difficulty in passing her urine, when examination revealed a tumor at the left side of the uterus, which, by pushing the bladder over to the right, partially occluded the urethra. Treatment for the relief of the unpleasant symptoms caused by the tumor being of little use, an exploring needle was used to determine the nature of the enlargement. As it seemed to be fibroid in character, anæsthesia was produced, an incision made just above the pubes, between the recti muscles, and the growth incised in several directions. Little blood was lost. The tumor gradually disappeared as a consequence of the operation, the pains ceased, and the urine was passed naturally. Five years afterwards, (1882,) Dr. R. was again called, and found a large hernia at the site of the wound made at the former operation. A truss was applied with only partial benefit; a few months later she complained much of what appeared to be sciatica, and a tumor appeared in the *right* iliac region, and, a short time afterwards, one below Poupart's ligament, on the same side. January 1st, 1883, Dr. Aikins, saw her in consultation with Dr. Riddel, and considered the tumors to be malignant in character. In August last, the distension of the abdomen having become extreme, the trocar was used, very much venous blood escaping. As a consequence, the enlargement disappeared to a great extent, but the patient gradually sank, the tumor became gangrenous, and death took place about seven days after the operation.

The autopsy revealed the tumor occupying the right half of the abdominal cavity, the intestines being displaced to the left. It consisted of a sac filled with decomposed blood, the walls containing several spicula of bone. The right half of most of the lumbar vertebræ was necrosed, also the entire sacrum, the right ilium, and a portion of the right pubis, neither bladder nor uterus was seen.

Dr. Reeve presented a mucous polypus removed from the post-nasal region by means of long curved forceps passed up behind the velum, and with the aid of posterior rhinoscopy; and also shewed a modification of the Bosworth-Jarvis ecraseur which he had found of service in removing large adenoid vegetations from the vault of the pharynx. As urged in a paper before the Canada Medical Association in 1877, rhinoscopy should be practised in cases of nasal growths, and the snare should be used for ordinary nasal polypi in preference to the forceps, the latter being less effective and causing much more pain and injury than the former. After-treatment is of importance especially in view of the tendency to recurrence, and also on account of the possible transition of a benign growth into a malignant one, two instances of which had lately come under notice.

Dr. Ferguson showed a specimen from a case of necrosis of the femur. Five years ago, a lad, æt 9, was suddenly seized with severe pain on the inner and lower part of the right tibia. Abscesses formed, and during the following two years many spicula of bone were discharged. He was first seen by Dr. Ferguson in October, 1882. There was now pain and swelling of the lower end of the femur. The use of a probe revealed bare bone, expectant treatment was employed, and gradually a large piece of bone was detached. This was so loose in February, 1883, as to allow of removal. It proved to be the entire diameter of the femur, and about three inches in length. The newly-formed bone could be felt grooved like a trough. The boy can now walk, and there is no shortening.

Case II.—A lady, æt. 70, slipped and fell. The result appears to be some obscure injury. She can slowly elevate her head to an erect position but if extension takes place beyond the perpendicular, control is lost; it drops suddenly backwards, intense pain being caused as far down as the sacrum.

October 11th, 1883. In the absence of the President and Vice-President, Dr. Covernton, was called to the chair.

Drs. Carson and Oliver were elected members.

Dr. Ferguson read a paper on "The Local Origin of Cancer," in which he endeavoured to show that cancer arises as a local disease, and from some form of irritation or injury.

Dr. D. Clarke, in discussing this paper expressed the opinion that only the tendency to it, not cancer itself can be transmitted from parent to child.

Dr. Oldright, referred to the fact that some authorities now hold peculiar ideas in regard to non-malignant tumors. Many now admit the possibility of secondary growths resulting from them. If this view were admitted, one of the most important points of difference between malignant and non-malignant tumors was removed.

Dr. McPhedran pointed out that the essayist had given the irritation of menstruation as a cause of uterine cancer. How did he account for cancer of the cervix, its mucous membrane not being shed at menstruation?

Dr. Ferguson considered that the irritation of engorgement was sufficient to account for it.

Dr. Cameron said that uterine cancers in virgins are found in the body, those of married females in the cervix usually. In the main he agreed with the opinions expressed in the paper just read.

Dr. George Wright mentioned the case of an unmarried female, the hymen being perfect, in which the cancer was cervical. He could not agree with Dr. Ferguson's paper and maintained the theory of a cancerous diathesis.

Dr. Macfarlane remarked on the curious fact that a prominent citizen of Toronto had smoked for forty years without developing cancer, while that gentleman's father had never smoked, yet had been operated on for epithelioma.

Dr. Reeve held that sarcomata may be successfully removed. He would insist on the early removal of all doubtful growths. The notion held by some that the removal of a tumor causes secondary growths is entirely erroneous.

At the close of the discussion the chairman announced that next meeting would be devoted to cases in practice, pathological specimens, &c.

OTTAWA MEDICO-CHIRURGICAL SOCIETY.

The first meeting of the above-named society for the winter, was held on Friday evening, 26th Oct. The president, Dr. Robillard, City Health Officer, in the chair. After routine, Dr. H. S. Wright, read an excellent paper on London Hospitals, sketching his observations during a recent visit. Among other points he had remarked the universal custom of treating epilepsy with large doses of the bromides, and the indifference of most pathologists towards the *Bacillus Tuberculosis.* At Moorfields he was impressed with the careful manner in which the surgeons examined the eye for hardness before using atropine. They considered that glaucoma was often hastened by the indiscriminate use of this drug, due to its action on the ciliary muscle. In the discussion that followed Dr. Grant related a case of vomiting in early pregnancy relieved by a plaster of belladonna over the region of the stomach; many remedies had proved useless ; no physiological effects had been noticed.

Dr. Prevost had seen small doses act powerfully, also large doses given with impunity. Remembered a case of strangulated hernia relieved in eight hours by a grain of the extract every hour.

Dr. H. S. Wright had seen an ordinary plaster produce alarming symptoms- In using the drug he never felt satisfied that it was of no service until the physiological effects had been produced.

The complications of enteric fever was selected for discussion at the next meeting, and Dr. Powell requested to prepare a paper on the subject.

The card of a local practitioner, with the following blank form on the back, was shown and caused much merriment :

To——————

Address——————

Having derived *great benefit* from the medical treatment of Dr. ——— I recommend you to secure his services.

Signed——————

The growing custom of advertising as specialists in diseases of the various thoracic and abdominal organs was also discussed and disapproved.

Selected Articles.

EXSECTION OF THE HIP-JOINT.

Extracts from a Clinic by LEWIS A. SAYRE, M. D.,
New York.

GENTLEMEN : This man, M. M. D., æt. 37 years, was brought to my office a few hours ago by Dr. Barnes, of Binghamton, N. Y., who gave me the following history. Both parents and family are healthy. Patient was strong and robust until two years ago, and has been living on a farm ; while ploughing, he has been in the habit of kicking the mud off the plough, and by this means the hip-joint has been injured, which has resulted in inflammation, and at the present time it has reached the stage of suppuration, with exfoliation of bone.

You will observe that the right limb is two inches shorter than the left, although the limb is perfectly straight owing to Dr. Barnes' careful method of applying extension. You will observe that there is one sinus in the groin, one below the crest of the ilium, one above the trochanter major, and another about three inches below ; we have in all, four sinuses, and judging by appearances, they lead to dead bone ; this you may know by their peculiar characteristic appearance, which is graphically described as representing the anus of a chicken. This dead bone is a source of irritation, and keeps up a constant discharge from the body, emptying itself by way of these sinuses. As time goes on, granulation commences around the borders of these orifices, and becoming exuberant, is recognized as proud flesh ; in this case you will observe it presents this appearance. Whenever you find an opening of this description in such a case as is here before you, you may be certain that such an opening leads to dead bone ; you may be positive upon this point. In probing these sinuses, a flexible probe should be used in order that it may follow the channel without injuring the tissues ; never use any force while probing at the seat of disease. The question here is what to do in this case ; nature herself is trying to exsect the hip-joint ; if the patient does not succumb from the long process of suppuration, we often get remarkable results from nature's treatment ; in fact, there are some gentlemen to-day who claim that this is better than surgical treatment ; I must confess that I differ from that doctrine. Here now is dead bone, and there is no hope for that man to get well until that bone is removed ; now in the slow process of nature to remove that dead bone, there is a long travelling of pus through various roads which it must make for its exit ; at the same time more or less of that pus will be absorbed by the system, resulting in anæmia and exhaustion. The patient informs me that while the sinuses are open and there is a free discharge of pus, he feels much better and his general health improves; this is because the poison of the broken down tissue is not absorbed by the system, but when the openings become closed as they are apt to do for a short time, there is no escape for the pus, and hence it is returned to the system, and as a natural result constitutional disturbance ensues, followed by loss of appetite, with febrile movement, etc. This process may go on until all the diseased tissues have been thrown off, if the man can outlive the disease, but this can hardly be called the rule.

The question now arises as to the advisability of complete exsection of the bone, and the application of a drainage-tube to the wound. My own experience is that where the disease has gone on to caries of the bone, and where you have relieved the parts from reflex action, and yet the inflammation still goes on to destructive caries, that notwithstanding your extension and proper adjustment of the parts to give the patient ease, and afford him the benefit of the open air for the improvement of his general health; that notwithstanding the drains are placed in such a manner as to give free outlet to the pus; if, I say, in spite of all these precautions the carious degeneration still goes on, then your duty is promptly to remove the diseased tissues by an operation. If, on the other hand, the caries diminishes and the discharge from the sinuses becomes gradually less, under your precautionary measures, then you should be satisfied with your expectant treatment. In one case of hip-joint disease Dr. Spencer removed nine inches of the femur subperiosteally, and recovery commenced from the instant, which resulted in a shortening of the bone of only three inches, with a good movable joint. In this case by making pressure into the joint severe pain is induced, but there is a total absence of pain immediately that extension is applied.

I am very glad to find that this limb is dressed in a proper manner, extension being made from the thigh and not from the leg alone. To illustrate this point in regard to the proper mode of extension, I can do no better than relate an incident that occurred when visiting London for the first time: A child was brought to me suffering from hip disease and in much the same condition as this man, and upon whom extension had been applied *from below the knee;* I took the child in my arms in such a position as to immediately relieve the diseased surfaces from pressure, and upon the instant the expression of the child's face turned from that of pain, to relief and contentment. When I removed the strips of adhesive plaster from the leg, one of the gentlemen present checked me, and stated that they had been following out the method of extension by making traction below the knee by the use of the adhesive plaster and roller bandage; I informed the gentlemen present that the treatment had been entirely wrong, and that instead of making traction upon the thigh, they had simply been making traction upon the ligaments of the knee joint.

We now propose to dilate these various sinuses and ascertain the precise condition of the bone, as to whether we shall perform the operation of exsection. Mr. Anthony White was the first one to perform this operation, in 1821; you will find a full account of the case in Cooper's *Surgical Dictionary*. Dr. Bigelow, of Boston, performed the operation in 1852, the patient dying twelve days after. I performed the first successful operation in this country in 1854

In making your incision, it is very important to take a point midway between the anterior superior spinous process of the ilium and the trochanter major; that will bring you just over the top of the acetabulum; you then take a firm, strong knife, and plunge directly down until the knife touches the bone; then draw your knife down to the top of the trochanter major; then curve it inward, making your incision from four to eight inches, according to the extent of the bone diseased. You must be sure and make your incision *through* the periosteum. You then take a curved, probe-pointed bistoury, and make an incision through the periosteum only, at right angles to your previous incision, and at a line with the trochanter minor; then, with the periosteal elevator, peel up the periosteum from the diseased bone until you come to the digital fossa, where the rotator muscles of the thigh are inserted; here it may be necessary to use your knife, to carefully cut them off from the bone itself. After having peeled off the periosteum in this manner, the limb is to be adducted, and the diseased bone removed by a chain or small thumb-saw. If you find that you have reached healthy bone, your object is accomplished; but if on the contrary, you find that there is yet diseased bone remaining below your section, it must be removed, perhaps necessitating a larger incision. It is, however, an absolute necessity that all dead bone be removed, to make the operation a success.

Sometimes by passing the finger into the rectum you can determine to a certain extent to what degree the caries of the acetabulum has progressed, and if the head of the bone be in its place. My assistant informs me that the internal periosteum points to great thickening of its substance. Here passing a probe into one of these sinuses, it passes in to the extent of eight inches, and I cannot say how much further it may go. Under these conditions, and discovering a large amount of pus and dead bone within the joint, exsection of the hip-joint has been determined upon.

The disease in this case being in the right thigh, it is necessary for me to stand on the left side of the patient I shall make my incision connect these various sinuses, it being always advisable to follow this method when feasible. I therefore, as you observe, press the knife down at the point indicated, until I reach the bone, and I now make my curved incision. A broad curved spatula is now placed in either side of the wound, to hold it open; and upon further examination, we find the periosteum to be very much thickened. I now take this probe-pointed bistoury, and make my incision through the periosteum, half encircling the femur at the point below the trochanter minor, and then taking this periosteal elevator, I endeavor to peel off the periosteum; remember, it is very necessary to leave as much of the periosteum as possible; and now reaching the digital fossa, we divide the rotator muscles. Having peeled off the periosteum, I now take this small thumb-saw, and make my section below the trochanters, and with the aid of these lion-forceps withdraw the head, neck, and trochanters of the femur *en masse.* The acetabulum I find to be necrosed, and completely perforated to the internal periosteum, this, however, being intact.

Now although I have removed nearly five inches of this man's femur, I find that the bone is diseased still further down. I therefore peel off the periosteum still lower and my assistant pushing the shaft of the femur upward toward the wound, bringing the bone more fully into view and thus enabling me to remove the necrosed portion with greater facility, I find it necessary to remove another inch of the shaft in this case; this being done, I remove carefully as much as possible of the dead bone from the acetabulum and portion of the pubes which I find is also necrosed; the latter, however, is a somewhat difficult matter owing to the close proximity of the femoral artery to the diseased structures. The wound is now thoroughly washed out with a carbolized solution of a strength of one to forty. The operation itself is very simple but the after-treatment is extremely important, the whole secret of your success depends upon this. My assistant now carefully holds the diseased limb for fear of injuring the artery while the patient is placed in the wire cuirass, this being a wire cradle made to fit the patient with movable foot-pieces by which your extension can be maintained. I now fill the wound with Peruvian balsam, manipulating it in such a manner that it penetrates to all parts of the cavity in every possible direction. You now observe that I take this piece of oakum which is also saturated with the balsam, and carefully pack the wound in order to maintain the original shape of the periosteum, and thus as new bone is formed, it will be of serviceable thickness and strength. I now insert the drainage-tube, and put in a suture at the upper and lower portion of the wound, and endeavor to secure union of these portions of the incision by union by first intention.

You observe that as the patient lies in the cuirass, the anus is directly over the opening posteriorily, thus allowing of free evacuations without soiling the instrument. The whole secret is to secure the sound limb as a means of counter-extension; first fastening the sound limb to the leg-piece with a roller bandage, commencing at the foot, and as you reach the knee, place a folded newspaper over it to prevent flexion; then passing your bandage around the thigh, and as you reach the perineum, bring your bandage from the perineum over the handle of the instrument at the side, by which means your counter-extension is secured. Having now fastened the sound limb in this manner, we apply our extension straps of adhesive plaster to the diseased limb, making the extension from the thigh and never from the leg alone in these diseases of the hip-joint; these straps, you observe, are secured in the ordinary manner with the roller bandage; and the foot is now secured to the right foot-piece of the instrument, and by means of this screw at the bottom the requisite extension is made. Having effected this, we now fasten the limb to the instrument with a roller bandage, carefully padding the inequalities of the limb in order to obtain equable pressure at all points. I now moisten the wound with carbolized oil, and cover it with carbolized cotton and the usual antiseptic dressing; securing the whole with a broad roller. This dressing can be left on for twenty-four, forty-eight, or sometimes ninety-six hours, or until such time as moisture shows itself upon the outside of it. You will also notice that I pass one or two turns of the roller over the abdomen, and thus secure perfect immobility of the parts.

Four months afterwards the patient was again brought before the class. During the intervening time since you last saw him, Dr. Keyes, in whose ward he was placed, found it necessary to make another incision, and remove further portions of necrosed bone to the extent of about another inch of the femur. At the time I performed the operation I feared such might be the case, but as the periosteum was very thin, and firmly adherent to the shaft lower down, and the diseased portion was so extremely small in amount and in the centre of the shaft, I was in hopes Nature would have eliminated that portion without further necrosis. This fact shows how absolutely necessary it is to remove all necrosed bone when operating. There are, however, some cases in which this may, perhaps, be impossible. We find that we now have a shortening of the limb to the extent of almost four inches. My impression is that, had the extension been properly adjusted, the shortening would not have been so great.

I now intend to apply the long hip splint, in order that the man can go out of doors and secure the benefit of the fresh air. You will notice that the sinuses are yet open, the lower ones discharging slightly, but the upper one has almost ceased, but a few drops of pus passing daily. The wound itself is entirely closed. Now having applied the long splint, I commence passive motion at the joint, in order that I may create a new joint. With the assistance of his crutches, the leg being maintained in the desired position by the proper application of the splint, he can now walk around and secure the benefit of the fresh air, in the mean time nourishing him well with a generous diet in order to build up his general constitution. The disease in time becoming entirely eradicated, the length of the right limb can be equalized by the application of the high shoe.

TALIPES EQUINO-VARUS — ARTHRITIS —HYDRORACHIS.

CLINIC BY D. HAYES AGNEW, M.D.

This child presents the deformity known as club-foot; it is congenital, and is of the particular form which is described as equino-varus. The extensor and peroneal muscles are paralyzed, and the foot is therefore given over to the power of their opponents. The heel is slightly raised by the calf muscles; the tibialis anticus draws the inner border of the foot upward, while the tibialis posticus and the flexor longus digitorum twist the anterior two-thirds of the foot inward. The child, therefore, if he were allowed to grow up in this condition, would have to walk upon the outer edge of the foot; indeed, some cases progress so far that patients have been found walking upon the dorsum of the foot and outer side of the ankle.

The relaxation of the paralyzed muscles produces distortion, the ligaments elongate, and we often find displacement of the bones, with decided changes in their articulating surfaces. The different parts act at a great disadvantage, and their functions are materially interfered with. As a consequence, periostitis or synovitis may ensue, associated with great pain.

Although mechanical treatment and the use of electricity in many instances may be sufficient, the treatment to be adopted in this case is to cut the tendons of those muscles which keep the foot in its unnatural position. This child also has phimosis, but, although that condition will account for a great many disturbances, I do not consider that in this case it has any significance.

I find that the tendo-Achillis is flattened out like a ribbon. I make the parts tense, and draw the integument aside, so that the incision through the skin and that through the tendon shall not correspond, taking care to avoid the posterior tibial artery by passing the blade of the tenotome flatwise beneath the tendon throughout its entire breadth; then I turn its edge upward, when, with a slightly sawing motion, the tendon is completely severed.

The knife is withdrawn in the same manner in which it entered, and I instantly cover the wound with my finger to prevent the access of air, and apply a small piece of adhesive plaster.

The foot must now be forcibly placed in a correct position, and often it is necessary to use a good deal of power. Unless you are dealing with a case of acquired deformity with anchylosis from a pre-existing disease of the joint, it is best to place the foot in a proper position *at once*. You notice that, in order to prevent excoriation, I place a strip of lint with some benzoated oxide of zinc ointment over the ankle and along the side of the foot. Then I apply a roller-bandage, which ought not to exceed two inches in breadth, so as to hold the foot firmly.

I now apply this modification of Scarpa's shoe, which is provided with two screws, so that, by means of a key, not only flexion and extension but also abduction and adduction can be made. The apparatus extends above the knee so as to obtain leverage: it must hold the heel down and carry the foot out. The child's heel must rest upon the heel of the shoe. I have put into it a little cotton to prevent undue pressure. Everything depends upon getting the foot into a proper position, otherwise you will fail to effect a cure.

To-morrow morning the shoe and the bandage will be removed and the limb will be vigorously rubbed with alcohol. The dressings and the shoe will be re-applied, and this process of rubbing and motion will be carried out persistently. Faradization will often aid in the restoration of muscular power. Always use mild currents, and never for a longer time than four or five minutes every day. The patient will have to wear this shoe for one, two, or, possibly, three years; until the peroneal muscles have acquired the power of contractility it will not be safe for him to lay it aside.

ARTHRITIS OF THE ANKLE.

This boy has been brought to us with disease of the ankle-joint. When I first attempted to examine him a few moments ago, the resistance was so great that I could not form a satisfactory judgment, so I have had him etherized.

In comparing the two ankles, notice first the normal one, its prominent malleoli and the concavities below and behind. You observe that the diseased ankle is larger; the depressions on each side of the tendo-Achillis and behind the malleoli heve been obliterated, owing to the softening of the texture of the ligaments and from an effusion into the extra-articular fibrous tissue. The leg itself is wasted and the foot is held in extension. In arthritis of any joint, the affected member always assumes that position which will ensure the most complete relaxation of the joint-tissues. The muscles are rigid, and are constantly on guard to hold the joint-surfaces in the relation most favorable for comfort. Any interference with this position, whether by relaxation of the muscles during sleep or by forcible flexion or extension, makes the patient cry out with pain. The sudden starts that are so often seen in this disease are the result of involuntary contraction of the muscles as pain summons them at once to their duty. A good example of this involuntary muscular tension, and one of great diagnostic value, is seen in hip-joint disease.

Now that the muscles are perfectly relaxed by the anæsthetic, I can move the joint freely, but not without distinct grating of the opposing surfaces.

What shall we do for him? We must put the joint at perfect rest, and must remove all undue pressure upon the articulation. How shall we do this? First we place the foot at a right angle with the leg, and then apply a nicely-fitting flannel roller bandage as far as the knee. Having thus protected the skin, we apply a plaster-of-Paris bandage until the foot is firmly encased from the toes almost to the knee. The sound foot will be supplied with a high-soled shoe, and when the plaster is hard we will allow the patient to go about on crutches; were he younger he would have to remain in bed and from time to time be carried about in the open air. As the swelling recedes it will be necessary to renew the splint or to pad and re-apply the old one, in order that the joint may be preserved immobile.

When abscesses complicate the case, you may cut openings in the splint through which the discharges may escape and through which the proper dressings may be applied. This dressing must be persisted in for several months, and great caution will be required in resuming the use of the limb.

Kneading and rubbing the muscles, the cold or warm douche, and gentle and cautious passive motion must be instituted at the proper time.

Constitutional treatment must not be neglected. In pale, delicate subjects give iron, changing its form from time to time. Cod-liver oil in small doses, and, when the appetite flags, quinine or tincture of cinchona, will be found valuable. Milk and eggs, animal broths and meats, should be freely given, and wine or some preparation of malt may be allowed. Such a treatment, conjoined with fresh air and sunshine, will doubtless in this case be rewarded by success.

When, however, an ankle-joint becomes disorganized by suppuration and caries, do not defer an operation too long. When the disease has progressed from the joint to the tarsus, you may be mortified to find that amputation is demanded, where, a few weeks before, an excision of the joint might have sufficed.

HYDRORACHIS.

This infant, three weeks old, has a swelling in the posterior portion of the lumbar spine, which was there at birth. It is due to a deficiency in the posterior arches of the spinal column, permitting a protrusion of the membranes of the cord and spinal fluid. This condition is sometimes called *spina bifida*, but, as this term relates only to the deficiency of the arch, I prefer to use the other name.

The skin covering this tumor is reddened, attenuated, and fluctuation is readily obtained. Whenever the child cries the tension is slightly increased. Closely attached to the sac of the tumor is the spinal cord; the fluid has pushed it back. The fluid is cerebro-spinal or sub-arachnoid.

As a rule, these cases are not capable of being treated by any surgical measure. Occasionally we find the enlargement pedunculated, owing to the small size of the aperture through which the tumor emerged. Sometimes, also, the skin is of the natural color. These conditions constitute the most favorable cases for treatment.

When, however, the fluid presses the cord or its nerves, paralysis of the bladder, rectum, or lower extremities, or even convulsions, may be produced.

In favorable cases the arches may close spontaneously and a cure follow. Such a result occurred in a child that was under our observation in this clinic for a period of two years. The tumor diminished gradually and its neck contracted until it was reduced to the size of a small probe; nothing was left but a little mass of what appeared to be the redundant integument of an extinct sac. The mother was anxious for its removal, and, as the boy had grown strong and the case seemed to have been perfectly well for over a year, I consented to clip off this thread-like pedicle. Not long after this a serous fluid began to dribble from a hair-like opening. However, by passing a pin through its sides and by bringing the parts together with a figure-of-eight suture, the opening was successfully closed, and the child made a permanent recovery.

So long as the natural process of pedunculation is progressing, it is best to keep a close watch, but to abstain from any operative interference. It is only when the tumor enlarges and threatening symptoms arise that you are to resort to any operation.

One method of procedure is to apply to the pedicle an elastic cord so as to favor the isolation of the sac. Another plan is to use injections for its obliteration, just as we do in cases of hydrocele. For this purpose we have used successfully, in the case of another child, a solution consisting of fifteen grains of iodide of potassium and one grain of iodine to the ounce of distilled water.

Injections should, in my opinion, be confined to cases where pedunculation exists. In their employment the neck of the sac should be compressed, to prevent the iodine from entering the spinal canal. A delicate trocar is then introduced within the sac, and its contents entirely removed and preserved at the temperature of the body. After injecting the sac and allowing the fluid to run out, the cerebro-spinal fluid first removed may be restored. The canula is then withdrawn, and the puncture in the skin covered with a strip of adhesive plaster. If the result be favorable, the inflammation will have closed the communication between the cavity of the sac and that of the spine, and thus effect a cure.

Such treatment, unfortunately, is not applicable in the case of the child before you. We can only advise the mother to keep it carefully shielded from harm and not to allow anything to rub or irritate the back. The treatment—for the present, at least—must be palliative.—*Med. Times.*

THE MANAGEMENT OF ABORTION.

In a paper published in the St. Louis *Courier of Medicine* for August, Dr. Walter Coles gives the following as his treatment, which we endorse :

"Let us suppose that we have been called to a case in which the embryo has just escaped during the third month and the secundines are retained. Under such circumstanoes there is generally considerable hemorrhage going on, and the first thing in order is to check it. Of course the most effectual and desirable method of so doing is to empty the uterus and cause it to contract. A teaspoonful of fluid extract of ergot is administered, and the accoucheur at once examines the uterus. If it be practicable by digital manipulation, or the aid of the forceps, to deliver the placenta, this is a fortunate circumstance which should be availed of on the spot. But if the os is too contracted to admit the finger, or even if patulous and the membranous placenta is so adherent as only to be detached in fragments, it is better not to disturb it for the time being, rather than resort to immediate and forcible extraction. We should, however, be equally far from pursuing a *passive* policy. The hemorrhage should be controlled by means of a tampon, aided by ergot, supplemented by a full dose of tinct. of opium—the latter being especially beneficial as a soothing stimulant after blood loss. A tampon ought always to be applied with the aid of a speculum, that of Sims being the best. There is a great deal in the method of tamponing ; it should be carefully packed over the os and around the cervix. The best material is old cotton muslin torn into strips ; I prefer to put it in dry. Sponge is of very little service as a tampon ; it absorbs the blood and permits it to flow through.

"In most cases thus managed, the physician will find on removal of the tampon twelve hours later that the secundines have either escaped entire, or else are presenting at the os, whence they may be readily removed by very slight manipulation. But in case this cannot be done without violence, it would be proper to wash out the vagina and again tampon, with the expectation that under the excitation of the plug and the continued influence of ergot, the uterus will by its contractions detach and expel its contents. If at the end of twenty-four or thirty six hours there is no indication of dilatation, it will be quite time enough to consider the propriety of artificial dilatation and extraction. If the internal os continues closed, it is pretty conclusive evidence that the placenta is still adherent and hence not extensively decomposed Lusk recognizes this condition of the internal os as a valuable indication—a fact pointed out by Hunter. He remarks that 'When decomposition has once set in, the os internum will, as a rule, allow the finger to pass into the uterus.' Such being the case, we have less reason for being in a hurry when the uterus is closed than if the inner os were lax and the discharges offensive ; under the latter condition of things the practitioner should lose no time in emptying the uterus of all decomposing material, provided he can do so without inflicting too much violence on the organ itself. * * *

"We are assured by the advocates of immediate removal that this feat is very easy of accomplishment—a thing which the merest tyro may perform, but most of our leading obstetrical authorities entertain a different view of the difficulties and dangers involved. Playfair, while admitting the desirability of emptying the uterus when feasible, goes on to say : 'Cases, however, are frequently met with in which any forcible attempt at removal would be likely to prove very hurtful, and in which it is better practice to control hemorrhage by the plug or sponge tent and wait until the placenta is detached, which it will generally be in a day or two at most.' Barnes reiterates the same advice, and cautions us that 'We must not persevere too pertinaciously in the attempt at removal lest we inflict injury upon the uterus.' The same author, recognizing the fact that the placenta after abortion quickly undergoes retrograde changes whereby its adherence to the uterine wall is weakened, thereby facilitating its removal, remarks that 'The consulting practitioner here occasionally reaps credit which is scarcely his due. He is called in perhaps on the third day, or later, when the adhesion of the decidua to the uterus is breaking down. He passes in his fingers and extracts at once ; but had he tried the day before he might have failed like the medical attendant in charge.'

"Whenever there is serious and persistent hemorrhage threatening to exhaust the patient, active interference is of course demanded. Or if there is an offensive discharge and an elevated temperature together with rigors, we have good reason to apprehend blood-poisoning from the absorption of putrefying elements within the uterus. Under such circumstances it would be proper to explore the interior of this organ, dilatation being resorted to if necessary. For this purpose the tupelo tent is certainly far superior to the sponge or sea-tangle. It has all the dilating qualities of sponge, while it is cleaner and can be introduced more readily, even without a speculum if desired. It has also the advantage over the sea-tangle in that it can be procured in larger sizes and is less liable to slip out of position. Whenever full dilatation is required the tupelo is preferable to all other tents. The uterine cavity having been exposed, all fragments of secundines should be carefully dislodged with either the finger or curette, after the manner so well described by Lusk and Mundé, and the organ washed out with some disinfectant fluid. Where there is a tendency to bleeding, tincture of iodine answers an excellent purpose, and is cleaner than perchloride or persulphate of iron as recommended by Barnes. Where the disintegrating fragments are small, repeated irrigation of the uterine cavity (the os being patulous) will generally suffice, as they usually melt down and come away with the discharges. It is not safe to scrape the uterine surface more than can be avoided, for fear of opening up fresh avenues by which septic materials may reach the system, since we know that nature interposes a bar to infection by glazing over denuded surfaces and closing gaping vessels. For this reason Lusk remarks that 'Fatal results are, however, rare, as decomposition is usually a late occurence, setting in as a rule, only after protective granulations have formed upon the uterine mucous membrane and after the complete closure of the uterine sinuses.' "

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CASE OF COEXISTENCE OF DIPHTHERIA AND TYPHOID FEVER.

Dr. G. E. Paget, F.R.S., Regius Professor of Physic in the University of Cambridge, describes the following case :—

" The recent illness of the Postmaster-General may add interest to the following case. The patient was Mrs. J. K., a married woman, about twenty eight years of age, living in Manor Street, Cambridge. Three days before her illness began, one of her children had died of diphtheria, two of them having been affected. Mr. Carter, who attended them, had no doubt as to the diagnosis. The children had sore-throat, and exudation upon it.

When I first saw Mrs. K. (on December 14th, 1861), she had been confined to her bed about a week. From Mr. Carter I learned that her illness had begun with sore-throat, and that there had been small white diphtheritic patches upon the throat. When I examined it, I could find none, nor any signs of diphtheria; but upon her abdomen were some of the rose-spots characteristic of typhoid fever ; and at the base of her right lung, to the extent of two or three inches, the percussion sound was dull; and small crepitation could be heard. She was feverish ; her pulse was 130 ; her bowels loose. She was in the seventh month of pregnancy.

For six days she continued in much the same state, as an ordinary case of typhoid fever, with moderate pneumonic complications ; her bowels loose ; her pulse above 120 ; her tongue dryish ; and a general condition requiring wine and brandy. During these six days, her throat remained free from diphtheritic appearances ; but on the morning of December 20th it again became sore, and in the evening the uvula and soft palate were covered with a white exudation, the adjacent parts being bright red. Her pulse then became a little less frequent, falling to 116. Chlorate of potash was now prescribed in small frequent doses, and next day tincture of perchloride of iron. On December 28th, her urine contained albumen. The exudation, after its reappearance on December 20th, was seen from day to day ; it had a diphtheritic character, and was very extensive. It was still present, though somewhat reduced in extent, on January 2nd. When I saw her on January 5th, it had been completely cleared off.

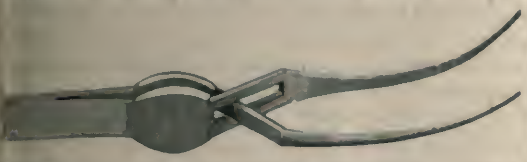
Early in January, she began to suffer much from retching and vomiting. She was troubled also with cough. The right lung was consolidated at its base, but to a small extent only. The vomiting so persisted from day to day as to bring her into great peril. On January 20th, the liquor amnii escaped. Active delirium now came on, and continued for upwards of twelve hours, when she suddenly aborted of a seven months' child, which lived half a day. The mother nearly died during the removal of the placenta, though scarcely any blood was lost. After labor was completed, the vomiting ceased, and she gradually recovered.

Mrs. K. had been nursed during her illness by her mother, Mrs. S., aged 58, who lived in the outskirts of Cambridge, in an isolated cottage within a large garden. On February 14th, 1862, she took to her bed with typhoid fever. She had the ordinary symptoms ; the rose-spots, loose stools, etc. She went on favourably until March 13th, when, after sitting up near an open door, she had rigors, ushering in double pneumonia and hæmorrhage from the bowels. She died on March 24th.

The chief interest of Mrs. K.'s case is in the disappearance of the local signs of diphtheria, and their suspension for six days during the continuance of the typhoid fever, and then their reappearance and persistence for thirteen days or more. This appears to me a fact, not perhaps contrary to what might be expected, but at least worth notice. It differs from what was reported in the case of Mr. Fawcett."—*British Medical Journal.*

HÆMOSTATIC FORCEPS.

Under the name of Hæmostatic Forceps, Dr. car H. Allis, Jefferson Medical College (*Col. d Clin. Record*), introduces to the medical prosion an instrument that he has devised for the rest of hemorrhage during operations. The inument consists of two blades, under the command of a spring; one of the blades is needle-



ointed, and can be readily thrust beneath bleedg tissues, which done, the grasp of the hand is moved, and the bleeding vessels left under the ntrol of the instrument. As an illustration of eir use, we may take the removal of the mamary gland. In this operation we usually have no rge vessels to tie, yet the bleeding from many all orifices is often so troublesome that the opertor is embarrassed, while the patient is not infreuently reduced to a condition of critical prostration. o have an instrument that is simple of construcon, easily managed, instantaneous in its action, nd one that will be generally useful, is certainly a nsideration of no small moment. Such an inrument he has found this to be. He has used em very generally for the last six months, in rivate and hospital work, and feels that once in e hands of the profession, they will not soon be et aside.

The delay in applying a ligature is often a great annoyance. The operator feels that "too much ood is being lost," and while some vessels are eing controlled by compression, he secures slowly, ne by one, the larger vessels. Just this condition f affairs may be easily and promptly met by these rceps. As each vessel spirts, an instrument nt is thrust beneath it, and the spring secures against further leakage. One by one may be ut on, until the number of instruments is exusted, when the ligature may be applied to each leisure. Often the grasp of the instruments are uch that if they are allowed to remain a few mintes, their removal will not be followed by hemorhage.

He has used the instruments for some time, and, hile he cannot recommend them for every emerency, still he has employed them under so many nd diverse circumstances, that he feels that the riety now made will meet the wants of the geneal surgeon, as no instrument hitherto devised will do. Several varieties are made, one of which onsists of two needle blades. This instrument as a more general application than any single strument. Surgeons not infrequently find, in he course of an operation, that blood will well up from a considerable area. To catch up a part with the tenaculum and tie does no good; what is needed is to embrace the whole in a compressing band. For just such emergencies this instrument is happily fitted. It is grasped, the needles made to separate, to straddle the bleeding spot, and the work is accomplished.

Antimony in Skin Diseases.—Dr. Morris, in the *Brit. Med. Journal*, gives some of the more important diseases in which he had used the drug, leaving a more complete and detailed account for another opportunity.

Eczema.—It is now several years since my colleague, Dr. Cheadle, pointed out to me the value of antimony in the treatment of the acute form of this disease. In the majority of the cases which have come under my care, its beneficial effect has been both marked and rapid. In the acute general eczema of adults, which usually commences somewhat suddenly by heat and burning on the flexor surfaces, and on other characteristic positions, and is soon followed by abundant exudation of clear fluid, and in the form known as eczema rubrum, I generally begin with four or five minims of the vinum antimoniale three times a day, increasing the dose gradually up to seven minims. After a few doses the exudation ceases, and the local irritation is much relieved; but, in order to prevent a relapse, it is necessary to continue the treatment until all traces of the eruption have disappeared. In acute eczema of children, the dose should be in proportion to the age of the child—half a minim or less up to six months, and one minim or less up to a year. As a rule, I have found both children and adults bear these quantities well, neither sickness nor diarrhœa being produced. In the case of aged persons, however, the dose should not exceed three or four minims to begin with, as diarrhœa may result from the administration of a greater amount.

In the subacute forms, both of children and adults, similar doses, but continued for a longer period, are necessary. In chronic eczema, especially when localised, the use of antimony is less often successful; but even in this troublesome form, it relieves the acute exacerbations, and is occasionally followed by cure when other methods of treatment have failed.

In eczema impetiginodes of children, I have noticed little benefit from the drug till the scabs have been removed, and formation of pus checked by local treatment. Simple impetigo contagiosa from a local cause is not included in this category.

In the various forms of so-called lichen that occur in children, I have found antimony in the previously mentioned doses of the greatest value in relieving the irritation—a feature in which it resembles arsenic.

Psoriasis.—Though, in the majority of cases of psoriasis, arsenic is to be preferred to antimony, I have elsewhere called attention to the fact that, in certain persons, arsenic not only fails to relieve, but even aggravates the disease. I have, in some of these cases, tried antimony, and have noticed in a few instances that improvement took place, while in others it seemed to have no effect.

I have been obliged to condense the facts in this paper into very brief space, but two points I wish especially to lay stress on; first, that tartar emetic—in doses of $\frac{1}{240}$ to $\frac{1}{32}$ of a grain, according to age—can not only be tolerated, but seems to have a decided tonic action; secondly that it proves useful in those acute forms of skin disease that are usually aggravated by arsenic.

TREATMENT OF TYPHOID.—A fair idea of the manner in which typhoid fever is treated in New York may be gathered from the routine of the different hospitals.

In the New York Hospital many patients are simply put on a milk diet, with the addition of a moderate amount of whiskey, and no other treatment is used. Peptonized milk instead of ordinary milk is thought to be of service. For high temperatures the body is sponged with equal parts of alcohol and water, and sometimes the fluid extract of eucalyptus is given in fifteen-minim doses. Quinine is not much used. Tympanites is treated with turpentine internally, and in stupes over the abdomen. Opium is given when there is hemorrhage from the bowels or excessive diarrhœa.

At St. Luke's Hospital the treatment is the same, except that quinine is sometimes employed to reduce the temperature, and ergotine hypodermically for intestinal hemorrhage. Either opium or chloral are used to control restlessness and sleeplessness.

At St. Francis' Hospital, if the cases are seen early in the disease, large doses of calomel are given, with the idea of aborting the disease. Quinine in large doses is given to most of the patients. The salicylate of soda or the benzoate of soda are given by some of the physicians throughout the disease. Cold water in any form, to reduce the temperature, is but very little used. A solution of the acetate of alumina is given to nearly all the patients to prevent or control the diarrhœa.

At St. Vincent's Hospital quinine in doses of two grains every two hours is given to control the temperature. Cold water is not employed. Opium is used with diarrhœa and intestinal hemorrhage.

At Mount Sinai Hospital quinine in large doses is given to nearly all the patients. Cold water is not much used, but sometimes the patients are sponged off.

At Bellevue Hospital the treatment varies in the different divisions.

In one division the peptonized milk is much used. Quinine, in large doses, is given when th temperature reaches 103°, and sponging is als sometimes used. Opium, the bromides, and col to the head are used for the restlessness.

In another division quinine in moderate dos is given to most of the patients. For temperatur over 103° sponging with cold water or the Kibbe cot and sprinkling with cold water are use Opium is given when needed.

In another division carbolic acid gt. j. an tincture of iodine gtt. ij. every two hours are give early in the disease: Quinine in ten-grain dos every half hour is given to reduce the temperatur Sponging with cold water is sometimes use Opium is employed for severe diarrhœa.

In another division occasional sponging, an whiskey and opium when required are the onl treatment.

At the Roosevelt Hospital full bathing has bee tried in many cases but now cold sponging is mo used. Bismuth and pepsin are given to many the patients.

In all the hospitals milk, either simple or pepto ized, is the regular diet of the patients.—*Me Record Nov. 17.*

EASY METHOD OF RHINOSCOPY.—The impor ance of visual inspection of the naso-pharynx an posterior nares in all local diseases cannot b questioned. Ordinarily such exaimnations a attended with various difficulties. Dr. Walsha *(Lancet)* describes a simple method of overcomi these difficulties, admitting, however, that a som what similar procedure has for years been practise by some American specialists: A piece of so red rubber tubing, about one-eight of an inch diameter, is introduced into one nostril, and pushe very gently along the floor of the nose till it presen just below the soft palate. It is then gently seize with a forceps, drawn out through the mouth, a loosely tied across the upper lip to the end p truding from the nose, the elastic tube bei stretched just sufficienly to loop upward and forwa the soft palate, and draw it well away from t posterior wall of the pharynx. The looping of t palate on one side is often sufficient; but a bet view is obtained by passing a tube through t other nostril also and looping up the soft palate that side in the same way. The posterior nar and naso-pharynx can now be examined with t ordinary laryngoscopic mirror with the greate facility. One hand only is required to hold a direct the mirror (the stem answering the purpo of a tongue-depressor), the other hand is cons quently free to perform any manipulation or oper tion that may be required. The tubes serve as good guide, as they can be followed in the mirr winding round the upper surface of the palate, a so into the respective cloacæ. The introducti of the tube causes hardly any discomfort or anno e to the patient. Care, however, should be taken in passing the tube to let it only just present below the soft palate, as otherwise, if it is pushed further, it may impinge upon the lower pharynx, and is then apt to produce a tickling sensation and cause to vomit. When the examination is finished, it is better to withdraw the tube through the mouth rather than through the nose, and when the nasal end is just about to drop into the pharynx to give it a sharp whisk forward. If it is withdrawn through the nose, the mouth end trails along the tongue, causing a tickling of its posterior part. In place of the red rubber tubes, the American surgeons preferred to use flat tapes or narrow bandages for tying up the palate. These have necessitated the use of various instruments for passing them, such as the Eustachian catheter, Bellocq's sound, etc. The advantages of the red rubber tubing are that it is soft, non-irritating, and possesses just sufficient resistance to enable it to be passed through the nose by itself, thus dispensing altogether with the use of an instrument, the passage of which, as for instance in plugging the nares is, as is well known, a source of much discomfort and annoyance to the patient.—*Med Record.*

DISAPPEARANCE OF CARDIAC MURMURS.—The following is a summary of Mr. Greves' article on the above subject in the *Medical News*:

Although murmurs are among the most constant of the physical signs of heart disease, still their presence does not necessarily indicate the existence of incurable lesions, nor their absence that such lesions are not present. In forming a correct diagnosis and prognosis of any case, therefore, too much reliance must not be placed on the presence or absence of murmurs, as is too frequently the case, but other signs and symptoms must receive careful examination and consideration, for often in them alone is it possible to found a correct diagnosis.

The presystolic murmur of mitral stenosis, the most typical of all murmurs, occasionally disappears, the lesion still remaining. Mitral regurgitant murmurs, when due to simple relaxation of the heart's muscle, and dilatation of its cavities and orifices, as in chlorosis and general febrile conditions, in most cases completely disappear under appropriate treatment.

Tricuspid regurgitation is occasionally a temporary condition, due to bronchitis, etc., and when the cause is removed, the condition is recovered from, as is indicated by the disappearance of the murmurs.

Aortic systolic murmurs, due to a permanent lesion at the aortic orifice, may undergo changes in their intensity, but never completely disappear. Aortic diastolic murmurs, in certain extremely rare cases have been known to disappear. In some cases a systolic aortic bruit is always present, which remains persistent, and thus indicates the existence of a lesion.

Pulmonary systolic murmurs are persistent when due to an organic lesion; but if non-organic, may disappear temporarily or permanently.

DIAGNOSTIC VALUE OF UTERINE HEMORRHAGE AFTER THE MENOPAUSE.—During the course of a late clinical lecture on malignant disease of the cervix uteri, Dr. T. Gaillard Thomas stated, as an axiom in gynecology, that if a woman who has normally ceased to menstruate begins to have uterine hemorrhage, always suspect carcinoma. Not infrequently you will see in the medical journals the reports of cases begun to menstruate regularly again; but such accounts are altogether deceptive, and, if these cases could be followed out, it would be found, with scarcely a single exception, that the uterine flow was merely the indication of the presence of malignant disease. In other words, there is absolutely no such thing as the return of the menses when a woman has once reached the normal menopause. Not long since a patient of mine in the Woman's Hospital, who is sixty years of age, began to have a flowing from the uterus, and, as there was no indication of any external disease, I applied the curette to the endometrium and drew out some pulpy masses, which I sent to a well-known microscopist for examination. The report that I got from him was that the growth was not malignant in any respect, but simply a form of polypus. I am perfectly sure, however, that the microscopist is wrong, and for this reason: in the uterus of a woman of sixty, polypi never develop. The organ at that age is completely atrophied. Sometimes in women who have passed the menopause you will find uterine tumors which have all the appearance of fibroids. They are not by any means fibroids, however, but sarcomata.—*New York Med. Journal*, September 1, 1883.

TREATMENT OF PUERPERAL CONVULSIONS BY HOT BATHS.—In a paper by Dr. Carl Brues, in the *Archiv für Gynækologie*, is given an account of eleven cases of puerperal convulsions treated by diaphoresis produced by means of hot baths. Other means, as the inhalation of chloroform, and the administration of choral hydrate, were also employed. The convulsions set in at different periods during labor, and in the course of first day after delivery. In four cases they came on at the beginning of labor, in two after the first stage had lasted some time, in one during the second stage, and in four a few hours after delivery. One only of the eleven cases died. There was present in all the cases albuminuria, together with more or less œdema. The baths were employed after the convulsions set in, during and after labour. A case is also mentioned in which forty-five hot baths were given during pregnancy. The author believes that the immediate danger to life in these cases is due to the diseased state of the blood—hydræmia—shown by the albumen and anasarca; and that the rational treatment of this condition consists in the production of a rapid change in the blood-state. This he believes is brought about by profuse sweating, which, he states, diminishes the quantity of albumen in the urine, and the œdema. The hot baths have occasioned no bad symptom in the author's practice; they have not brought on premature labour when used during pregnancy, nor have they occasioned hæmorrhage when employed soon after labour.—*Lancet.*

THE TREATMENT OF HAY-FEVER.—Mr. W. F. Phillips of St. Mary Bourne, Andover, writes:—

"It is just over five weeks since a lady placed herself under my care for the treatment of hay-fever, or summer catarrh—a very much better name. She had suffered severely for many years, and sometimes from the end of May to near the end of July with little or no intermission unless she kept indoors. Her mother, it is worthy of remark, was very sensitive to the odour of certain flowers, and was affected by some of them even to the extent of fainting. She was not subject, however, to summer catarrh.

Knowing how exceedingly unsatisfactory is the treatment recommended and practised for this disease, as is sufficiently evident from the recent communications to the *Journal* on the subject, I sought for rational indications that might guide me to the selection of a remedy. I thought of the neurosis that seems to underlie most cases of this kind, and to constitute the essential cause or predisposition on which the disease depends; of the characteristic symptoms of the malady; the injection of the conjunctiva, the hyperæmia and hyperæsthesia of the nasal cavaties, the excessive secretion of tears and mucous; and then I bethought me of a drug whose physiological action might indicate the possession of the power to control such symptoms. Belladonna was the drug that suggested itself at once, and I determined to give it a trial, all the more hopefully because I remembered how strikingly useful on similar indications, and by a parity of reasoning, I had often found it in ordinary conjunctivitis and simple catarrh. I began with the following prescription: ℞—Succi belladonnæ, ♏ xxiv.; aquam ad ℥iij.—*M.* A teaspoonful to be taken every hour till relief is obtained. The medicine was taken without the production of any undesirable effect, and with very marked advantage indeed—an advantage that became still more evident and unmistakable, both to the patient and myself, when the dose was increased from one minim to one and a quarter (half a drachm in three ounces). Once, too, when the eyelids were especially tender, the patient was advised to use the mixture as a lotion to the
affected parts, and this local application was foun
to be a most useful addition to the internal admi
istration of the remedy. Repeatedly, when th
symptoms of an attack had been allowed to begi
the patient found prompt relief after a few dos
of the drug, the catarrhal affection disappeari
first, and then the asthmatic; and on taking
regularly every day after the malady had bee
subdued, she has found to her delight that she ca
take her walks abroad through blooming grass an
flowers without the least protection or precautio
—a thing she had not been able to do for yea
before.

The patient, remembering no doubt the failu
of past treatment, pronounces the remedy "a grea
success;" but, however satisfactory the case ma
be, it is, as far as I know, a solitary one, an
therefore stands in need of confirmation an
support."—*British Medical Journal.*

THE TREATMENT OF PELVIC PERITONITIS.—
Dr. Goodell, in a clinical lecture in the *M*
Times on this disease gives the following:—"I
the first place give as much morphia as is necessar
to relieve the pain, if you choose a hypodermi
injection of morphia at first, but I prefer the use o
opium by the rectum. I never give less than on
grain of the aqueous extract of opium. It is a ver
good plan to add belladonna by the rectum, but d
not put it in the same suppository as the opium
Belladonna is very good for the urinary tenesmu
and it also has an effect in lessening the infla
mation. You have to push the opium but canno
push the belladonna. I also give large doses o
quinine, giving in bad cases ten grains every fou
hours until the patient is completely cinchonize
and is deaf. I next put a large poultice of flaxsee
or corn meal over the abdomen. If this is covere
with rubber or a piece of brown paper greased wi
lard it will keep moist and warm for twelve o
twenty-four hours, for the rubber or greased pape
retains the heat, and the temperature in these case
is always elevated, running up to 103° F. or 104
F. in the evening, and down to 101° F. in th
morning.

"After you have passed the brunt of the diseas
you must begin to use blisters. In this case th
worst is passed, but her temperature is, I am sure
not under 100° F. I shall blister her. How shal
we blister? Here is a woman who has strangur
to a certain extent, and you do not wish to apply a
blister that is going to increase the trouble.
always use the cantharidal collodion. I shall pain
a blister in this instance three by four inches
putting on three or four layers, and then at onc
put over this a poultice. This is an almost painles
way of raising a blister. I have never seen i
produce strangury.

"Now, gentleman, in a case of frank inflammation
such as that produced by a sound, where there

nothing of a concealed character, this treatment will subdue it, but if the peritonitis is produced by sponge tents you have a bad case to treat.

"I am sometimes called in consultation to a case of peritonitis by some of my students, and they tell me 'I am giving quinine just as you direct us. I am giving two grains every three or four hours.' That is nothing at all. You should never give less than five grains.

"You will find certain nervous symptoms present. The woman will be weak and trembling, ready to burst out crying. In such cases I very often give large doses of the bromides, from sixty to one hundred grains in the twenty-four hours.

"If you treat your cases in this heroic way, you will, in the great majority, cure them at the very beginning of the disease."

CANNABIS INDICA; A VALUABLE REMEDY IN MENORRHAGIA.—Mr. J. Brown, of Bacup, observes in the *British Med. Journal*: Indian hemp has been vaunted as an anodyne and hypnotic, having the good qualities of opium without its evils. Also in dysmenorrhœa and insomnia it has not proved of much benefit. The drug has almost invariably produced some marked physiological effect even in small doses. Text-books give the dose as ten minims and upwards, but five minims is the largest dose that should be given at first. If bought from a good house, the drug is not inert or unreliable. A drug having such marked physiological action ought to have a specific use as a therapeutic agent. Indian hemp has such specific use in menorrhagia—there is no medicine which has given such good results; for this reason, it ought to take the first place as a remedy in menorrhagia, then bromide of potassium and other drugs. The *modus operandi* I cannot explain, unless it be that it diverts a larger proportion of blood to the brain, and lessens the muscular force of the heart. A few doses are suffitient; the following is the prescription: ℞ tincturæ cannabis indicæ ♏ xxx; pulveris tragac. co. ʒj; spiritus chlorof. ʒj; aquam ad ℥ij. One ounce every three hours. Four years ago I was called to see Mrs. W., aged 40, multipara. She had suffered from menorrhagia for several months. Her medical attendant had tried the ordinary remedies without success. Indian hemp was given as above. Its action was speedy and certain. Only one bottle was taken. She was afterwards treated for anæmia, due to loss of blood. Twelve months after this my patient sent for a bottle of the "green medicine." I learnt afterwards that she had sent this medicine to a lady friend, who had been unsuccessfully treated by another medical man for several months for the same compliant. It proved equally successful. The failures are so few, that I venture to call it a specific in menorrhagia. The drug deserves a trial. It may occasionally fail; this, however, is not to be wondered at in a complaint due to so many different causes, and associated with anæmia and other cases of plethora. Robert Batho, M.D., M.R.C.P., Castletown, Isle of Man, writes in reference to the same subject: "Considerable experience of its employment in menorrhagia, more especially in India, has convinced me that it is, in that country at all events, one of the most reliable means at our disposal. I feel inclined to go further, and state that is is *par excellence* the remedy for that condition, which, unfortunately, is very frequent in India. I have ordered it, not once, but repeatedly, in such cases, and always with satisfactory results. The form used has been the tincture, and the dose ten to twenty minims, repeated once or twice in the twenty-four hours. It is so certain in its power of controlling menorrhagia, that it is a valuable aid to diagnosis in cases where it is uncertain whether an early abortion may or may not have occured. Over the hæmorrhage attending the latter condition, it appears to exercise but little force. I can recall one case in my practice in India, where my patient had lost profusely at each period for years, until the tincture was ordered; subsequently, by commencing its use, as a matter of routine, at the commencement of each flow, the amount was reduced to the ordinary limits, with corresponding benefit to the general health. Neither in this, nor in any other instance in which I prescribed the drug, were any disagreeable physiological effects observed. I could say a few words in its favor, as to its action in allaying irritative cough, but I prefer confining myself to a point on which experience has left me no room for doubt."

OBTURATOR HERNIA.—Very interesting statistics on this rare affection are to be found in a pamphlet on *Hernia* by Dr. B. Schmidt, published in 1882 as part of Pitha and Billroth's well-known series. The cases where obturator hernia has been diagnosed during life are reduced to twenty-five; of these, seventeen were subjected to operation, eight were relieved by taxis, but only five altogether were saved by the two methods of treatment. Dr. Hasselwander of Hausbam, in Bavaria, records in the *Aerztliches Intelligenzblatt* a successful case of operation for strangulated obturator hernia. The patient, a countrywoman, aged 65, had suffered for three days from colicky pains, constipation, and flatulence. On two occasions, she had been seized with vomiting. Her appetite was bad, and she felt pain in the left foot. When first examined, her face shewed an anxious expression, her tongue was furred, her body emaciated, and her urine was highly albuminous. The abdomen was distended with flatus. No hernia could at first be detected. There were itching sensations in the left thigh, and numbness in the entire extremity. On closer examination, the depression, plainly marked on the right side, over the adductor longus in Scarpa's triangle, was almost effaced on the left, where the same region was painful on pressure. On deep palpation, an indistinctly circumscribed hard smooth swelling was found on the inner side of the femoral vessels, over the adductor longus. On vaginal examination, fulness could be detected within the left side of the pelvis. Partial reduction was effected; but the symptoms became very serious a few days later, so that an operation at length had to be performed. The adductor longus was laid bare by an incision extending from below the pubes for three inches along the line of its outer border. That muscle was then cleared of the cellular tissue lying in its anterior aspect, and drawn inwards. The fibres of the middle part of the pectineus were divided, and a well-circumscribed swelling was in this manner exposed. The existence of hernia being now certain, the entire incision was enlarged, upon which very troublesome venous hæmorrhage occured, and it proved difficult to control throughout the remainder of the operation. The external pudic arteries were drawn aside. The swelling was about the size of a pigeon's egg, and very tense; but it fluctuated slightly on pressure. Its surface was of a purple colour. Some strong adhesions were separated by the finger. By the aid of blunt instruments used with great precaution, the sac of the hernia was opened; its outer layer was aponeurotic; its inner coat consisted of a thick œdematous tissue, easily lacerated. There was no fluid in the sac, and the intestine lay immediately against its inner wall. On widening the incision in the sac by laceration till it became of a sufficient width, the intestine was found to be deeply congested and very tense. The finger was then passed into the neck of the sac, very sharply constricted by the border of the obturator foramen and the ligamentous tissue in the neighborhood of that region. Incisions were made in the inner and lower borders of the neck of the sac, by means of a straight probe-pointed bistoury. The intestine was then carefully replaced. Only the end of the little finger could be passed into the foramen. The venous hæmorrhage, the depth of the incision, and the lateness of the hour at which the operation was performed, apparently without the aid of any artificial illumination, made the operation very difficult. The wound was covered with an antiseptic plug. The patient passed a motion in the night, and was henceforth relieved from all intestinal troubles, though convalescence was prolonged through suppuration of the wound, the result of the damage done to the cellular tissue in Scarpa's triangle, and its extensive infiltration with venous blood. The patient, at the end of six weeks, was completely restored to health.—*Brit. Med. Journal.*

PAPILLOMA OF THE BLADDER.—A case is described by Rauschenbusch of a growth occuring in a man æt. 43, which was removed by operation. The patient had been suffering from bleeding from the urethra and cystitis for about a year, and when in the hospital he often passed bits of a villous tumor with his water, the dendritic character of which could be easily determined by floating them out in water. The tumor could be felt at the base of the bladder, by introducing the hand into the rectum whilst a catheter was in the bladder. Median lithotomy was performed, and the tumor, which was attached by a long stalk, was seized and twisted off, so as to avoid all danger of hemorrhage. Three or four weeks later the patient was free from all symptoms, and the wound healed. A year later there had been no return. The author draws attention to the fact that only seven cases of such operations are recorded, and in only five cases were they attended by success. It appears, too, that the favorite seat of these tumors is on the trigone, and near the orifices of the ureters, very rarely if ever at the top or sides of the bladder.—*Practitioner*, August, 1883.

CORROSIVE SUBLIMATE IN DIPHTHERIA.—Kaulich *(Bull. de la Soc. de Méd. de Gand) Med. Times*, has used in a number of cases corrosive sublimate, both locally and internally, in the treatment of diphtheria. He treats the exudation in the nose, the mouth and the throat by the applications of a solution of 1 in 2000. Among cases of infants that have had tracheotomy performed, the trachea is painted with the same solution four times daily, or even every two hours. Inhalations were likewise ordered of .005 in 1000, fifteen minutes at a time, repeated every hour or less frequently, according to the case. Internally he gives to children one or two centigrammes, (gr. $\frac{1}{6}$—$\frac{1}{3}$) daily in albumenized water containing a little cognac and sugar. Warm applications to the outside of the throat are likewise made.

A NEW FORM OF ASPIRATOR.—An aspirator has recently been devised by M. Creuzan, of Bordeaux, which is worked without piston or stopcocks. It consists essentially of a large caoutchouc bulb, which, by means of a special arrangement of valves, may serve as an aspirator or an injector. A glass cylinder is attached to the bulb, so that the nature of the fluid may be readily determined. There is no possibility of air entering the cavity from which the fluid is to be removed, and the instrument possesses the further advantage that the operator requires no assistant, but can readily hold the trocar in position with one hand and the aspirator with the other. Any quantity of fluid may be removed by simply compressing the bulb without detaching the instrument from the needle. —*Med. Record.*

THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science Criticism and News.

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TORONTO, DECEMBER, 1883.

The LANCET *has the largest circulation of any Medical Journal in Canada.*

VILIFYING THE PROFESSION.

The advertisement to which our correspondent calls attention in another column certainly exceeds anything of its kind in the unblushing way in which it seeks to exalt the merits of the advertisers, by the detraction of the regular profession. Between the regular medical practitioner and that large class of persons—difficult to define—who attempt to gain a livelihood by the public puffing of their wares, there has been declared a bitter and unceasing war. What will be its out-come, it is impossible to say. The advertisements of these people are a profitable source of income to the newspapers that insert them, and few will blame these papers for so doing, though doubtless all will praise the one or two which are notable exceptions to the rule.

That these advertisements have within the last few years, at all events on this side of the Atlantic, increased in their artful insinuations against the true and proper medical advisers of the community, is undeniable. But unfortunately their authors are too keen-witted to sail beyond the windy side of the land, and therefore do not come within the scope of libel. We may congratulate ourselves, however, on the fact that only the unenlightened and unsatisfactory patients are attracted; and even these, sooner or later, come back to the legitimate family physician. This, at all events, is true, that such action on the part of those who indulge in it, must in the end be suicidal, and nothing can prevail, in the long run, against the honest and modest efforts of the regular practitioner.

SANITARY CONVENTION.

The second Sanitary Convention of the Ontario Board of Health was held in London, Ont., on the 16th and 17th ult. There was a full attendance of members present, and others interested in sanitary science. In the absence of the Mayor, the members were welcomed to the city of London by Ald. Cowan, who expressed the hope that the convention would prove of great service in educating the public in sanitary matters. The opening address was delivered by Dr. Rae, of Oshawa, a member of the Ontario Board of Health. He pointed out the advantages of sanitary science in lengthening the term of human life and increasing the sum of human comfort. It was desired by this convention to elicit opinions and draw out facts bearing on sanitary science, so that we might learn how to keep the air of our houses and cities pure; to have an efficient system of sewerage; to check the spread of infection, and arrest the approach of preventable diseases.

Dr. Oldright, of Toronto, read a paper forwarded by Dr. Harding, of St. John, N B., in which he spoke of the necessity of spreading information on sanitary matters. Physicians must, of course, always be the leaders of sanitary movements, but everybody can understand the general principles of sanitary science and apply them for the increase of human comfort and the prolongation of life. He strongly urged the necessity of ladies taking a part in promoting public health as well as the health of their families. Mr. Allen, of Chicago, referred to the labors in England of the Ladies' Sanitary Association, organized in 1855. Dr. E. G. Edwards, of London, spoke of the necessity of sanitary education in schools as the best method of reaching the public. Dr. Canniff, of Toronto, and others, approved of the teaching of hygiene in schools, and also of instructing the teachers. Mr. Saunders, of London, read an able paper on the "Water supply of London." After alluding to the impurities in the water of the wells, he said that the present public supply of water found in the extensive springs near the city, both in quantity and quality, never varied and never showed more than 15½ grains of solid matter to the gallon. The springs are about 180 feet above Lake Huron, and nearly as high above all the surrounding lakes. The springs now used could supply two million gallons per day, while additional springs could give one and a half millions more. The amount used is about one and a quarter millions daily. The system is growing in favor, and the water supply of London is now the best in the country.

In the evening session Judge Elliott, of London, read a paper on "Insanity in its relation to criminal responsibility." He adverted to the difficulty of defining insanity and of deciding when and where it began. Responsibility so far as a judge is allowed to define it, has nothing to do with the moral aspect of the case. The only question he has to consider is whether the man's condition is such that he should be punished for any crime committed. Even though a criminal had strong delusions on special subjects, it would always be considered whether these delusions had any connection with his conduct in any crime committed by him, and the facts in the case being brought out on a trial it would appear whether his insanity was sufficient to justify the opinion of his responsibility. The address was illustrated by cases from the law records, and was an able argument in proof of the wisdom of the legal doctrine of the criminal responsibility of alleged insane people. At the same time he admitted the full force of the view held in regard to the effect of training, education, disease, inherited tendencies, and poor living on both the moral, mental, and physical condition of the people, and these ought all to be considered in deciding on the responsibility in any given case. The subject of "Malaria" was introduced by Dr. Bray, of Chatham. He maintained that drainage was one of the most efficient remedies and recommended liberal Government grants for this purpose. Mr. J. K. Allen, of Chicago, editor of the *Sanitary News*, spoke of the province of the sanitary press, for which he claimed the support of all classes of the community, and anticipated *great* results from the labors of sanitarians through the press. Dr. Waugh, of London, presented a paper on "The London Floods" of last July and detailed the system adopted by the Volunteer Sanitary Committee, composed of London physicians and others. The people heartily supported the physicians, and the result was less sickness in that locality this summer and fall than ever before. Dr. Playter, of Ottawa, addressed the convention on the typhoid plant and its favorite soil, giving a description of the bacillus which constitutes the typhoid plant. He said that human fæcal matter was its favorite soil, the contagion being conveyed most frequently through water; the spores of the plant may also be carried long distances through the air, and this would account for the seemingly spontaneous origin of some cases. The proper disposal of excreta was absolutely necessary for the prevention of typhoid fever. Prof. Galbraith, of Toronto, read a paper on "Sewerage," in which he referred to the prevalance of disease to bad plumbing, and maintained that plumbing should be done under official inspection. Outside water closets stored with filth were an abomination and should be abolished. He also dwelt on the necessity for proper traps in the pipes, and ventilation by pipes running above the roofs of the houses. Dr. Bryce, of Toronto, referred to the absolute need of an active Board of Health in each locality, municipal boards of health, based on the same plan as the boards of education, with the same powers as to the expenditure of money, and having grants both from the Government and the Municipality. Dr. Arnott, of London, in an able paper showed how mill dams, locks, and obstructions to water courses, were fruitful sources of malaria by allowing decaying animal matter to accumulate, and thus infect the neighborhood with disease germs. Prof. Saunders, then alluded to the value of disinfectants which he said was in proportion to their power of oxidizing or deoxidizing organic matter of which chloride of lime was the cheapest and simplest, also free chlorine. Others were described and their advantages set forth. He said that one of the best modes of disinfecting a house was to smoke it with a wood fire, and then whitewash. Mr. Dearness, School Inspector, presented an able address on the hygienic condition of rural schools, in which he discussed school sites, ventilation and warming, water supply, sewerage, furniture, cleanliness, and school age. Resolutions were passed approving of the labors of the Provincial Board of Health, advocating the formation of local sanitary associations, and urging the Government to pass laws compelling the organization of local health officers, and requiring official inspection of all plumbing. A paper on "Control of contagious diseases" was presented from Dr. O. S. Wright, of Detroit. He advocated strict isolation of all cases of contagious diseases, and showed how infection was conveyed through clothing and articles of merchandize. He advocated placing all public place,s schools, factories, laundries, and others, under close inspection. Dr. C. T. Campbell, of London, addressed the convention on the "means of preventing the spread of infectious diseases in the schools," calling attention particularly to the different communicable diseases to which school children were liable. He alluded to the authority to exclude children suffering from or exposed to any contagious diseases, and submitted some rules for the guidance of school boards. He said that all children residing within two hundred and fifty yards of any house where small-pox exists should be excluded from the schools until they produce a physician's certificate of effectual vaccination; and all pupils afflicted with, or residing in any house where small-pox, scarlet fever, or diphtheria exists, or within forty yards of such house, should be excluded until twenty days after the recovery of the patient. All pupils afflicted with measles, mumps, whooping cough, chicken-pox, or other eruptive disease of the scalp, should be excluded until complete recovery. A resolution was adopted recommending the Provincial Board of Health to prepare rules, based on those submitted by Dr. Campbell, and issue them to local school authorities for their adoption. Dr. Bryce, of Toronto, read a paper on consumption, which was very much appreciated, and the convention adjourned.

TORONTO SCHOOL BANQUET.

The annual banquets of the professors and students of the medical schools in this city were this year more than usually successful and the interest in them more fully sustained than on any previous occasion. Both entertainments were as usual conducted on strictly temperance principles—"Water! water! everywhere, but not a drop to drink." The proceedings were enlivened by songs from the medical students' glee clubs and also by the sweet strains of music from a string band stationed in the gallery. Among the guests on these occasions were representative men from universities, colleges and sister institutions, Dominion and Provincial legislatures, the dignitaries of the church, the bar, etc.

The tenth annual banquet of the Toronto School of Medicine was held in the Queen's Hotel on the 29th ult., and was a most successful gathering. A large number of guests and friends of the school were present, besides many graduates and undergraduates.

The chairman, Dr Patterson, assistant at the Toronto General Hospital, welcomed the guests, expressed gratification with the present position of the Toronto School, and said that the days of warfare with the police had passed, but if another encounter should occur, with the aid of the students from the Woman's Medical College they would expect to get the best of the fight. He also spoke of Toronto as a centre for medical education, and the advantages afforded by the General Hospital, the largest in the Dominion. Speaking of the establishment of the Woman's Medical College, he said that whatever might be the individual student's opinion regarding the advisability of women studying medicine, yet they were all glad that the women have a college of their own, and that the two sexes are not compelled to mingle in the same classrooms. He concluded by proposing the toast of "The Queen." The next toast was "The Universities and Colleges."

Hon. Edward Blake responded for Toronto University. He said he conceived the toast to mean a toast to higher education. Our community was one of the most democratic in the world. Nowhere was property more evenly divided, and nowhere had a people greater control of its own affairs. Therefore it was highly necessary that public instruction should be as wide as the franchise. This involved only an aristocracy of learning and virtue. It was of the last consequence that we should have in our midst institutions which would enable those who were ambitious to obtain advantages greater than could be derived from a high school education, to fit them to perform the high functions and duties expected from the citizens of a free country. Rev. Dr. Sutherland responded for Victoria College. These annual social events, he considered, bound the students closer to the institutions to which they belonged. He believed that the medical profession enjoyed the confidence of all right-thinking men. The advance in the knowledge of the healing art was made evident by the better sanitary regulations and the marked decrease in the death-rate. At the present day there was a tendency among medical men to become specialists, but although they might accomplish a great deal of good in special lines, he thought it advisable that a physician should take a wider range of culture. Rev. Prof. Clark, in responding for Ttinity University, referred to the general good qualities and the self-sacrificing spirit which characterized members of the medical profession.

The Chairman then proposed the toast of the "Dominion and Local Legislatures."

Hon. Alexander Mackenzie, who was received with great applause, was called upon to respond. He said it was the duty of the Legislature of every country to uplift the moral standard of that country, although there might be differences of opinion as to the reforms necessary to effect that object. In medical science there was still a great deal to be done, diseases to be traced out, and the values of medicines to be determined. There was always opportunity to effect some good which would excite the admiration of those who came after us. He would not have the bad taste to discuss the political differences between himself and those "on the other side of the house," but although some might believe that the Legislature was all that it should be, he, himself, had a very strong opinion upon the subject. He would leave the young men present to make a diagnosis of the case, but it was only fair to tell them that whatever prescription they might prepare, he would consider it his duty to prepare a counter-irritant. H. E. Clarke, M.P.P., also responded to the toast.

The toast of "The Learned Professions" was next proposed. Archbishop Lynch briefly responded. He said he would not preach a sermon, but would give them a text, "Honor the medical man on account of necessity," and urged that it should be honored in every household. He spoke highly of the medical men of Toronto, and urged the students to follow in their footsteps. Rev. Dr. Castle said that all professions were related to each other, because they were all made necessary by sin. Sins against one's body necessitated the medical profession; sins against some one else's body made the legal profession a necessity; and sins against God had called forth the clerical profession. For all of these professions great preparation was necessary before they could be worthily entered. Men who would lead in society must keep in advance of society. Mayor Boswell and Mr. Bryant also replied to the toast. The other toasts proposed were "Sister Institutions," replied to by Dr. Temple, for Trinity College; Mr. McInerney, for McGill University; Mr. Herald, for Queen's College; Mr. Mitchell, for the Western University, and Mr. Johnston, for the students of Trinity Medical School. "Our Faculty," responded to by Dr. McFarlane; "Graduates and the Graduating Class," responded to by Dr. Cuthbertson and Mr. McDowell; "The General Hospital," replied to by Dr. O'Reilly; "The Freshman," by Mr. Leeming, and "The Ladies," responded to by Mr. Marty.

TRINITY SCHOOL BANQUET.

The seventh annual banquet of Trinity Medical College was also held in the Queen's Hotel on the 22nd ult., and was successful in the highest degree, both in point of the numerous and distinguished company, and the quality of the speeches delivered. The spacious dining-room was filled to overflowing aud some of the undergraduates were compelled to dine in an adjacent room. The chairman, Mr. George A. Bingham, in welcoming the guests and opening the proceedings, delivered a most able speech. He said that such occasions as this was one of the few bright spots that illumined the otherwise unvaried tedium of the medical student's life. He alluded in feeling terms to the absence by death of some that were with us a year ago, and who were rendered dear to us by the bonds of student association. Upon an occasion such as this it is well that all should for a time unbend. Let the merchant forget his day-book; let the professor allow no thoughts of his dreary class-room to enter here. Let the alderman banish from his mind all perplexing doubts regarding the efficacy of the block-pavement and the honesty of electric-light companies. Let the worried statesman forget for a little the conflicting calls of party and of people; let the journalist forget if he can, that his country's safety depends upon the length of his editorials. Let the lawyer for a few brief hours of pleasure, dismiss from his mind all the infinite technicalities of Blackstone; let the physician allow his suffering patients a brief respite from the terrors of pill and cataplasm, even at the risk of their too rapid recovery in his absence; finally, let the poor medical student banish from his mind the horrors of the class-room and the nightmare of examinations; let him forget that existence is a tripod and calomel omnipotent. But he must not detain them, for there were better things to come and time was on the wing. He was reminded of the latter by the assemblage before him. Yonder, he saw him, a freshman, his joyous soul filled with high hopes and ardent expectations of renown in that profession around which his vivid imagination has thrown a glamour, to be dispelled perhaps in future years. A little further on he saw a primary man, a few of his earlier illusions perhaps dispelled, struggling manfully for an honorable position in his chosen profession. And now he saw him a would-be graduate, just about to throw aside his student's cap and bid farewell to the halls and class-room of his *alma mater*. So time rolls on; from the freshman's gown to the graduate's diploma is but a little way, a brief struggle, but it is among the brightest in his career, and preparatory to a high and ennobling profession—for to increase the happiness by alleviating the misery of our fellow-beings is surely a God-given vocation. It will be ours to stand by the bed of sickness, and, aided by nature's healing power, to restore health; and finally, when she is about to pay her last debt, to stand beside the bedside of death, and, hand in hand with the man of God, soothe the final moments of the dying. We will be received into the sacred bosom of the family as confidant and friend. Ours will be secrets in the history of our patients, known only to God and ourselves. Fellow-students! let us be worthy of this confidence, and let us not prostitute the high honor of our profession to baser interests. He concluded by proposing the usual loyal toasts, which were duly honored.

His Honor the Lieut.-Governor, who received a cordial greeting, acknowledged the toast of "The Governor-General of Canada and Lieut.-Governor of Ontario." He dwelt briefly on the careers of Earl Dufferin and Lord Lorne in Canada, and predicted a successful term of office for Lord Lansdowne. In felicitous terms he referred to the entire absence of alcoholic beverages from the tables, remarking that, notwithstanding anything said about medical students outside, it was evident that while others preached, they practised temperance. He urged upon the students to give some attention to political as well as medical matters. Leading doctors had done so in the past. Dr. Rolph, in times gone by, was not only known as a leading medical man, but also as a prominent figure in Ontario's political history. Dr. Tupper was another example of a medical man who, in the opinion of his political friends, had done some good for the Dominion. In conclusion he said that hostile though some critics might be on medical students, yet, taken at their best, they could not be approached. The toast of "The Army, Navy, and Volunteers" was spoken to by Captains Baker and Geddes. "The Dominion and Provincial Legislatures" was the next toast.

Dr. Beaty, Q.C., M.P., acknowledged the toast of "The Dominion Parliament." In his reply he said he could not well understand why there should be more than one medical school in Toronto. If the 1,600 medical men in Ontario and 400 students in Toronto to-day were united, they would have much greater influence. He also favored a parliament of medical men, in place of Dominion and Provincial medical associations—an œcumenical conference. Hon. T. W. Anglin also spoke to the toast. In a few sentences he dwelt on the important duties performed by a member of Parliament, who fulfilled an onerous task and was entitled to all the honor and respect due to a man who did his duty. Hon. A. S. Hardy replied for the Ontario Legislature. Referring to the suggestion as to the union of the medical schools, he said that the members of Trinity School might deem that an open question. The present Legislature of Ontario had not yet met. He knew the last was a good house; but he did not know what kind of a character to give to the present, but he would be better able to tell them next year. Something would depend on its hospital treatment. Mr. Badgerow, M.P.P., responded, and opposed the suggestion of a union of the medical schools, remarking that Trinity could not be expected to make the first approach. Ald. Clarke, M.P.P., also replied to the toast. The toast of "The Mayor and Corporation" was warmly received and responded to by Mayor Boswell and ex-Mayor McMurrich. The toast "Universities with which we are affiliated and sister institutions" was next on the programme.

Rev. Prof. Clark responded for Trinity College. He expressed his dissent from the suggestion for uniting the schools. There were enormous advantages in not having too large a number of students. Vice Chancellor Mulock, M.P., responded for Toronto University. After some general remarks on the prosperity of the Province, which he attributed to the intelligence of our people, he said that when the proper authorities were called upon to say whether it was necessary that further aid should be given to the University of Toronto, he hoped the discussion on the subject by those who might hold different views would be conducted in such a way as to leave behind it that good fraternal feeling which existed to-day. He was satisfied that the University of Toronto occupied a firm place in the affections of the people of Ontario, and he was sure no college or institution doing similar work had anything but the best wishes for its success. Rev. Dr. Sutherland replied for Victoria College in a most able speech. He said he hoped that if any of them ever entered politics they would be statesmen and not mere politicians, and drew a vivid contrast between the two classes. Dr. Geo. Wright responded for the Toronto School of Medicine, Mr. Graham for McGill University, Mr. Forin for Kingston Medical College, Mr. Gibson for the Western Medical College, Mr. Watham for the Toronto School of Medicine students, and Mr. Haslam for Trinity College arts students. Drs. Burns and Macdonald replied for "The College of Physicians and Surgeons of Ontario."

The toast of the evening, "Trinity Medical School, its Graduates, Undergraduates, and Literary Society," was warmly received and was responded to by Dr. Geikie, dean of the faculty. He referred to the presence of representatives from kindred bodies, and expressed gratification at the unity of feeling and sympathy at present existing among them. He knew well the school had a firm hold on the hearts of the students, and it was most gratifying to the faculty to feel that this grows stronger every day. Their work was lightened and brigntened by knowing that the students, for the promotion of whose welfare throughout their entire professional life their work was undertaken, fully appreciated the efforts made in their behalf.. The present position and future prospects of the medical school were all their warmest friends could wish. He referred to the establishment in Montreal of a medical faculty endowment fund, and hoped that some friends in Toronto or Ontario would come forward to aid the establishment of a similar fund. He expressed gratification at the high position to which many of the graduates had attained in all parts of the world.

Drs. Stark, of Hamilton, and Baines, of Toront responded for the graduates, Students in the diff ent years for the undergraduates, and Dr. Shea for the Literary Society.

"The Learned Professions" was responded by the American Consul, Mr. Howard, in a hap speech. "The Toronto General Hospital," Dr. O'Reilly. "The Ladies," by Dr. Sheard, a 'The Press," by Dr. Fulton. In responding the toast of the press, Dr. Fulton took occasion refer to the expediency of having one unifo standard of matriculation for all the professio and also for arts, and civil engineering. Let come up to the same standard of preliminary ed cation; let all start, as it were, on the same plan and then let each branch out in the direction his future course of studies. He also alluded the question of amalgamation of the schools, which he was opposed so far as the didactic teac ing and internal management were concerned, a reminded them that where amalgamation was grea ly useful it was now being carried out, viz , in t clinical instruction at the Toronto General Hos tal. There were six professors from each scho constituting a Faculty of *twelve* teachers, active engaged in delivering daily clinics to the joi classes of the two schools. He would now christ this Faculty, and proposed as a volunteer toas "The Toronto Polyclinic," which was enthusias cally received. "Mine Host of the Inn," and t singing of God Save the Queen, brought the pr ceedings to a close.

The annual banquet of the Kingston Medic School was also held on the 22nd ult., and was most successful affair. Representatives were pr sent from the sister medical schools in Ontar and Quebec.

H. E. Manwaring, M. D., of St. George, die suddenly from paralysis, at the age of 71 year He was born in Lynne, Connecticut, and in 182 came to St. George, Canada, where he has sinc lived. He graduated in the University of Ne York State, in 1839, and obtained the Provinci license to practice in Canada, in 1842. From tha time to the day of his death he was activel engaged in the practice of his profession, and en joyed the confidence of a large section of the co munity, who will long retain his name green an fragrant in their memories.

Wm. McGill, M.D., of Oshawa, died on the 9th ult., aged 77 years. Dr. McGill graduated in McGill College in 1848, and practised medicine for many years in Oshawa. He represented the County of Ontario for several years in the Parliament of the late Hon. John Sandfield Macdonald. He was also a member of the Ontario Medical Council from 1869 to 1872. Although a liberal in politics, he was not considered liberal enough, and was therefore set aside when the Blake-Mackenzie government came into power. At one time he had a very extensive practice, but of late years he was unequal to the task of a country practice. His loss will be deeply regretted by a large circle of friends

Eug. H. Trudel, M.D., of Montreal, died on the 5th ult., at the age of 63 years. Graduating in McGill College in 1844, he soon after commenced practice in Montreal, where he eventually acquired a large clientele and was one of the oldest and most respected physicians in the city. He was Prof. of Midwifery in L'Ecole de Medicine, and for years one of the attending physicians to the Hotel Dieu. Although far from robust, he had been able to attend to his usual duties up to a short time before death, which occurred somewhat suddenly and unexpectedly. His courteous and affable manner, kind and generous disposition, won for him many warm friends who will long cherish his memory.

Obituaries.—Dr. J. Marion Sims, of New York, died on the 13th ult., at the age of 70 years. He was the first to successfully perform the operation for vesico-vaginal fistula, which he brought to perfection through the use of silver wire sutures and the speculum which bears his name. He founded the Women's Hospital, New York, with which he was connected for many years. He also wrote an excellent treatise on "Uterine Surgery." Since 1861 he lived much abroad, especially in Paris, where he acquired a lucrative practice. He was decorated by the French and Belgian Governments. During the Franco-Prussian war he rendered important services at the head of the Anglo-American Ambulance Corps.

The death is announced of Dr. Henry Bence Jones, F.R.S., one of the most prominent physicians in Great Britain, and author of a number of medical works. He was accidently shot in the ankle, and died from the effects. He was in his 69th year. The death of Prof. Depaul, of the Faculty of Medicine of Paris, is also announced in our foreign exchanges.

Trinity College Convocation.—At the annual convocation, held on the 15th ult., the following gentlemen were admitted to degrees and standing in this University:—

M. D.—H. C. Wilson, F. S. Keele, D. McLeod.

M. D., C. M.—H. H. Graham, S. W. McConochie, F. Krauss, T. D. Meikle, H. R. Casgrain, B. H. Scott, A. Cameron.

Matriculants in Medicine.—R. M. Gordon, W. J. Stevenson, B. Hawke, T. Ovens, D. A. Kidd, M. D. Kester, O. G. Niemeier, A. E. Mackay, D. McEdwards, J. A. McLuy, W. F. Cole, O. R. Staples, W. A. Fish, F. Woodhull, J. Hamilton, J. A. Tuck, J. Hoover, A. E. Yellands, C. A. Toole, E. M. Cooke, G. B. Carbert, D. McLaughlin, G. Mackenzie, T. Philp, P. Wood, T. F. Campbell, H. C. Phillip, Wm. Giles, J. McLurg, J. Moffatt, A. Shaver, F. H. Brennan, W. F. Graham, J. Evans, G. Veitch, C. E. Stacey, N. Allen, L. W. Thompson, E. T. Luke, P. J. Durkin.

Lake View Retreat.—This institution for the treatment of nervous invalids of the private class, is beautifully situated in Burlington, Vermont, overlooking Lake Champlain, and in full view of the Adirondack mountains. The building is a most substantial brick edifice, and the family plan is adopted in the care of inmates, giving them the advantages of a home, at the same time under the treatment of a physician and the supervision of trained attendants. The institution is under the management of Dr. J. M. Clarke, who has had many years experience in the treatment of this class of patients. Lake View Retreat is within four hours ride of Montreal

"Stratford" Hospital, Brantford.—John H. Stratford, Esq., has offered to build a hospital in Brantford, at his own expense, at a cost of $12,000, and deed it to the city. This most liberal donation was thankfully accepted by the city council and the work of construction will be immediately commenced. It is to be called the 'Stratford' Hospital.

Coroner.—Dr. W. McFarlane, of Almonte, has been appointed coroner for the Co. of Lanark.

Action for damages.—The New Brunswick Medical Council arrested Dr. Rogers, of the International Throat and Lung Institute, for practicing without a license from the provincial board. This peripatetic individual, it appears, holds British diplomas, and has brought an action against the Council for false arrest, laying the damages at $20,000. Mr. Dalton McCarthy, of Toronto, has been retained to prosecute in conjunction with local counsel. If Dr. Rogers' advertising propensities and his association with those who persist in vilifying the profession, were made known to the proper authorities, his British diplomas, of which he boasts so much, would be immediately cancelled, and then where would "Sir Roger" be?

Liberal Donation.—Mr. G. Stephen, of Montreal, has presented to the Hospital $50,000 of first mortgage land grant bonds of the Canadian Pacific Railway Company, in trust, for the purpose of erecting a building to commemorate the memory of the late Dr. Campbell. We do not wish that any of our noted confreres in Toronto should die; but it would be very gratifying if some of our rich citizens would follow the example of Mr. Stephen, and grant a liberal donation to the Toronto Hospital, to perpetuate the memory of some of those who have long since departed, and whose names are equally worthy of commemoration.

Appointments. — Dr. Alex. Davidson, of Toronto, has been appointed examiner in Medicine for the University of Trinity College, and Dr. Allan M. Baines, of Toronto, examiner in Medical Jurisprudence and Sanitary Science. Dr. McMurchy, of Perth, has been appointed medical officer for the Nipissing District of the C. P. R. Dr. J. B. Lawford (McGill) has been appointed House Surgeon to the Royal London Ophthalmic Hospital, Moorfields. He is the third Canadian who has held this office. His predecessors were Drs. Buller, Montreal, and Burnham, Toronto.

British Diplomas.—Drs. Geo. Curruthers and C. J. Bowser (McGill), were admitted licentiates of the Royal College of Physicians, London, on the 25th of Oct. Dr. W. A. Shufelt (McGill), of Knowlton, Que., has successfully passed for the L. R. C. S., Edin. Dr. J. M. Cotton, (Toronto), was admitted a member of the Royal College of Surgeons, Eng., on the 13th ult.

Removal.—Dr. Playter, formerly of this city, has removed to Ottawa. He carries with him our best wishes for his future success in his new field of labor.

Books and Pamphlets.

Manuel des Maladies des Femmes. Leçons Cliniques, Professées par Lombe Atthill, Dublin. Ouvrage traduit sur la 6me edition Anglaise, par le Dr. J. P. Lavoie, Prof. à l'Universite Laval, Quebec. Paris: Librairie H. Louwereyns.

The above is a French translation of the well-known work of Dr. Atthill, on diseases of women, by Dr. Lavoie, of Quebec, by permission of the author. His confreres in Canada are under the deepest obligations to Dr. Lavoie, for his most excellent translation of this valuable work. So far as we are capable of judging, the work of translation has been well and faithfully accomplished and reflects no small degree of credit upon the author. We congratulate our French confrères upon having a work so useful and practical as the one before us, translated into their own language, and we trust they will avail themselves of the work, and in so doing reward the author for his arduous labors.

The Physician's Visiting List for 1884, by Lindsay & Blakiston, Philadelphia.

This old and well-known visiting list is again to hand and still maintains its position as one of the best, if not the best, list published. It is one of the smallest, most compact and complete works of the kind issued, and is in great and deserved favor with the profession. It is issued in different sizes, and in two editions, plain and interleaved.

Births, Marriages and Deaths.

At Cobourg, on the 14th ult., Dr. G. Herbert Burnham, of Toronto, to Frances Sarah, only daughter of Hon. Sidney Smith, formerly Postmaster-General of Canada.

In Toronto, on the 7th ult., Richard Hearn, M.D., to Miss Nellie French, of Toronto.

At Mount Forest, Ont., on the 6th Nov., Dr. S. R. Rogers, aged 26 years.

At Winnipeg, Man., on the 20th ult., Dr. De la Haye, late of Toronto, aged 40 years.

At Lucan, Ont., on the 12th ult., J. J. McIlhargy, M.D., aged 26 years.

⁂ *The charge for notices of Births, Marriages and Deaths is Fifty Cents, which should be forwarded in postage stamps with the communication.*

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Original Communications.

MANAGEMENT OF HIP-JOINT DISEASE.*

BY M. C. ATKINSON, M.D., BRISTOL, N. B.

I wish in this paper to bring before the meeting, the history and treatment of a few of the cases of hip joint disease which have come under my care during the past eight months, and also to make a few remarks upon the diagnosis and treatment of the disease in its earliest stages :—

CASE 1.—The patient was a boy in his 14th year. His family history was good. I saw him first on the 19th of October, 1882. He had then been suffering over a year from Potts' disease of the spine, and had angular curvature at about the sixth dorsal. The whole left lower extremity was paralyzed as to motion, with diminished sensibility also ; he was constantly tortured with a burning pain in the foot and knee. The right lower extremity was very weak, as if from approaching paralysis, but he did not suffer any pain in it. Both feet were œdematous, the left more than the right. There was abnormal fulness about the left hip-joint. Suspecting disease of this joint, I made a most careful examination, and found that free motion of the joint in all directions, or pressure of the articular surfaces together, caused no pain. Pulse at this time 110, temperature 101° F. ; appetite poor ; nights restless.

Treatment.—Wyeth's beef iron and wine, pulv. ipecac. co. at bedtime, and inunction of ol. morrhuæ over the whole surface of the body, twice daily.

Oct. 24th.—Had improved in appetite and slept better. Applied Sayre's plaster of Paris jacket, suspending the patient in the usual way. The same general treatment continued, and half a tablespoonful of ol. morrhuæ twice daily, to be increased as stomach could bear. Patient continued to improve in general health, a slight degree of motion returning to the left leg and foot, so that on November 19th he was able to flex or extend the foot on the leg and move the toes freely, but the burning pain continued in the knee and foot. I again examined the hip joint, and found slight tenderness just posterior to the trochanter major.

Nov. 24th.—Detected a slight swelling on the anterior and external aspect of the thigh, about on a level with the insertion of the tensor vaginæ femoris, in which I got fluctuation ; tenderness just posterior to the trochanter major became more marked, and though I could move the femur in all directions, and press the joint surfaces together without causing pain, I yet concluded that the patient suffered from hip-joint disease, and accordingly applied Buck's extension. This relieved the pain in the knee, but the vitality of the patient was so feeble that the apparatus had to be removed and sand-bags used on either side of the limb to keep it at rest. Abscess steadily increased, causing a good deal of pain ; pulse and temperature kept up

Nov. 30th.—Appeared evident that the abscess would soon open. The usual symptoms of hip-joint disease now became apparent I put the patient on quinine in addition to his regular treatment, and on December 1st I opened the abscess subcutaneously, an immense quantity of thin, shreddy pus escaping. I used as well as I could the antiseptic precautions minus the spray.

Dec. 4th.—Temperature 103½; pulse 128. Pain in head, frontal ; loss of appetite; abscess discharging profusely.

Dec. 9.—On moving the limb I got distinct grating. I pointed out to the parents that I thought excision of the head of the femur offered the only chance for the patient's recovery. To this they would not consent. The patient lingered for some time, and died on the 1st of March.

The remarkable features of this case were the almost total absence of the usual symptoms of hip joint disease, till after ulceration had taken place. Either the usual symptoms were masked by the paralysis or the disease came on and advanced with extreme rapidity after November 19th.

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* Read before the N. B. Medical Society, July 18, 1883.

Case ii.—The patient was a delicate girl, aged 13 years, tall, but very slender. Family history of phthisis from her father's side. Saw her first on the 23rd of March, 1883. For the previous six weeks she had complained of weakness of the left leg, and inability to use it. The parents attributed it to a fall on the ice. On careful enquiry, I found that the patient had suffered slightly from this weakness before the fall on the ice. She had very little pain in the limb anywhere except in the knee, and occasional slight startings in her sleep. On examining the limb, I found it slightly adducted slight flattening of the nates, pain on pressure over the great trochanter, and over the psoas-iliac tendon; also pain on striking the sole of the foot. There was increased heat over the joint, and any attempt to flex the thigh upon the trunk produced acute pain—the whole pelvis moving with the femur. Pulse 104; temperature 100° F.

Treatment.—Ordered a mixture of quiniæ sulph. tr. ferri mur. and infusion of calumba with hydroleine. Had a box made for the leg, extending from the ankle to the perineum, the outer side reaching to the axilla, and perforated. The patient was placed in bed, and the leg bandaged from the toes to the knee, and placed in the box which had been previously well padded with cotton batting. The upper surface of the leg was well covered with batting, and a bandage passed around the box to retain the limb. A bandage was also passed through the hole in the arm of the box and round the thorax. The object of the box was to prevent as much as possible, all motion of the hip-joint. The patient remained in bed and the box was kept on continuously for six weeks. I then removed it and examined the joint, when I found that I could produce flexion or extension with but little pain. The patient had not suffered from pain since the apparatus was applied. She had gained decidedly in flesh. The apparatus was re-applied and kept on for four weeks longer. It was then taken off. All symptoms of hip-joint disease had disappeared except that the limb was very feeble. There was free motion of the joint, in all directions, without pain. Ordered the patient to go about on crutches, but not to put much weight on the limb..

June 25th.—Saw the patient again, and her general health had improved remarkably. She was still unable to bear much weight on the affected limb, but the joint was freely movable and painless.

Case iii.—Patient was a boy in his fifth year. Family history good; no history of injury. Saw him first on the 27th of March, 1883; he had suffered from diphtheria the previous October, but had fully recovered; was lame, but able to walk about; had a peculiar hitch in his walk quite characteristic of stiff or diseased hip-joint. Delicate-looking; temperature 100° F.; pulse 115. He had suffered from lameness for the past two months, which was steadily growing worse; appetite poor; suffered from pain on inner side of knee; increased heat over affected (left) joint; woke up with intense pain in joint at night; foot and knee slightly adducted; pain on pressure over trochanter major, in front of joint, and on striking the sole of the foot. In attempting to move the hip-joint, the pelvis moved with it, and this seemed greatly to disturb the patient; slight, but distinct flattening of the nates. I concluded, in this case as in Case ii., that the patient suffered from incipient disease of the hip-joint, and adopted the same plan of treatment. The apparatus was applied on March 31st, and was kept on continuously for seven weeks, with the exception of an occasional removal to ascertain the condition of the joint. After that time the patient was allowed to go about on crutches. Saw the patient on July 1st; he had given up the crutches; the joint was freely movable, and he had perfectly recovered.

Remarks.—The point I want to emphasize particularly in connection with this subject is the *early diagnosis of the disease.* This is all-important. No slight limp in a child should be lightly passed over by the surgeon, or pressed into the already over-crowded "rheumatic" basket. Hip-joint disease should be suspected and carefully looked for. A rigid examination will generally explain any lameness, especially in the young. If we find no trouble in the ankle or knee joints, but pain on the inner side of the knee, pain on pressure over the trochanter major, over the psoas-iliac tendons increased heat over the joint; acute, or even slight pain on moving the joint or striking the sole of the foot, we will make no mistake in treating such a case as hip-joint disease. It is scarcely necessary to remark that an increase of pulse and temperature always occurs in this disease, and this should be looked for to confirm the diagnosis. Once having diagnosed the disease, our great object should be, *rest to the joint*. Let the limb be put in its natural position, (the patient on his back), and kept then as nearly immovable as possible. If by using an apparatus simply to prevent mobility of the joint. the pain is unrelieved ; some form of extension should be adopted. In the majority of cases, however, if seen early, no extension will be necessary. It seems to me that extension should be avoided if possible, and when adopted for the relief of hip-joint disease, the extension should be made from the lower part of the thigh ; a constant dragging on the limb by a weight and pully is scarcely compatible with physiological rest ; moreover, it is liable, especially in young subjects, to produce diastasis, particularly when applied to the leg, as is usually the case. As to keeping the patient in bed, and the apparatus constantly applied, this is imperative. The parents always fear that the general health will suffer, the facts are, however, that the patient usually gains in health and strength.

Constitutional treatment should be attended to in the majority of cases—the patient should be built up by every means in our power. If the stomach will bear it, some form of cod-liver oil should be given ; if not, and there is great wasting, inunction of the oil should be practised. Wyeth's beef iron and wine, and Parrish's chemical food are also excellent preparations for sustaining the strength of the patient.

I believe, that by the early diagnosis of this disease and its prompt treatment by rest, many of its terrible results will be avoided, and the withered and deformed limb and peculiar gait of the victim of hip-joint disease will become as rare as it is now common.

SOME POINTS IN THE TREATMENT OF ABORTION.*

BY A. T. CARSON, M.D., M.R.C.S.ENG., TORONTO.

Mr. President and Gentlemen,—I fear that some of you expect to hear an exhaustive paper, brilliant with quotations and bristling with authorities—these will be disappointed. I propose to give simply the result of my own individual experience and the rules which have guided me.

Looking back on the work of our predecessors, we wonder at the way in which the pendulum of practice has been swung from one extreme to the other. We know that at one time in the history of obstetrics the placenta, even at full time, was never removed, even if it took weeks to come away. In proposing that the afterbirth shall be at once removed in either natural labour or abortion, are we not ourselves going equally far in the opposite direction ? When called to a case of abortion, the questions are : what have we to fear ? what have we to do ? The one question naturally hangs upon the other. Our fears are septicæmia and hæmorrhage.

Now with regard to the bugbear septicæmia, I desire to speak with all due respect—a respect caused not so much by its frequency as by its fearful results. As to its frequency, I fancy that we should see less of it if we were more careful to avoid all predisposing causes. We have all attended cases of delivery where the fœtus was putrid and sickening ; we have opened fæcal or other abscesses with a perfect stench ; we have had psoas and other chronic abscesses and comminuted fractures without the slightest sign of septic poisoning ; we may have hectic or irritative fever, but we do not fear septicæmia till we ourselves do something conducive to its arrival. I do not mean to say that septicæmia is impossible in these cases, but that it is so very rare that its fear does not influence our practice. If we were equally careful in cases of abortion, I believe we might reduce the danger of septicæmia to a minimum in that also. The walls of the vagina being constantly in close apposition, the contents of the uterus are preserved from all external atmospheric contaminating influences, and I hold that it is the duty of the attendant to preserve this state as long as possible. It is true disinfectants will help us much in this, but they cannot be relied on with absolute certainty, and more especially in country practice are not always available. In some districts where abortion seems to be common and people careless about it, it is astonishing how long cases are allowed to run on without assistance. A German professor, in a paper on this subject, regretted that his clients often waited for twelve or fourteen weeks before coming to him, yet not one word did he say of septicæmia. If septicæmia were a common result of mere retention of placenta, we should hear more of it in connection with such cases.

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*Delivered before the Toronto Med. Society, on Dec. 13.'83.

When called to a case of abortion, unless the case be one of great urgency, I make no vaginal examination whatever. I leave the uterine contents free from the slightest chance of contamination as long as possible. If the loss be free, I order a dose of ext. ergot and tr. ferri every half hour or hour. If the loss be long continued, it is astonishing how well the iron enables it to be borne. With regard to the use of ergot, I am perfectly aware of the objections which have been raised against it, but do not consider them of the slightest moment. We know very well its effect in cases of ordinary midwifery, and there are no grounds for supposing that it has different effects at different months of gestation. I have often used it when the head was on the perineum and have never had it complicate a case with any form of retained placenta. A well known lecturer on midwifery informed me that, having used ergot subcutaneously at the end of the second stage over 2,000 times, he has never been able to trace any placental difficulty to its use. Besides, I fancy that the hemostatic action of ergot is not sufficiently appreciated. We know that if used freely during the first stage of labour, the child's life may be endangered. Why? It used to be said, from the violence of the induced pains; but this statement is scarcely tenable, when we see children born alive after natural labours quite as violent and as protracted. We are then driven to the belief that the child is in peril either from something toxic in the ergot itself, or else from interruption of the circulation in the placenta, caused either by the continuous contraction of the muscular tissue of the uterus mechanically compressing the blood-vessels without intermission, or by the contraction of the arteries themselves. I have never seen a case where ergot was used to this extent, but as I have always understood that if born alive at all the child speedily revives; it seems that the argument in support of the toxic effect is weakened by that fact, inasmuch as the mere supply of air would not at once remove the toxic agent from the blood. Possibly both causes are at work, but undoubtedly the bulk of evidence seems to me to point to the danger arising from interruption of the placental circulation—the very thing which in abortion we wish to produce.

And now as to the practical results. Dr. Mundé's paper in the *Obstetrical Journal*, advocating the immediate clearance of the uterus by curette and forceps in every case, is founded on 57 cases, of which 30 were consultations. I have had in charge at least two or three times this number in the last twenty years. Some time ago, in reply to a correspondent, *The Field* (London) stated that 3,000 recorded consecutive games of whist were not enough on which to found a new rule of play. If this number be not sufficient to fix a new rule of whist, how many carefully observed cases of disease would be necessary to lay down a fixed rule of practice for the scarcely less complex phenomena of the human economy? certainly more than were seen by either Dr. Mundé or me. I simply give my experience, to be taken for what it is worth towards that result. I have been called in to cases in consultation in which we were glad to plug or get the uterus emptied by any means in our power. I have had one case of typhus fever who aborted the day she died of the fever. With this exception, in my own practice, I have not once had a case of septicæmia or a patient's life in apparent danger from any cause whatever, and have never required to remove a placenta or plug. The uterus invariably cleared itself in a few days at furthest, and the hemorrhage was restrained within reasonable limits. Much of this apparent difference in practice doubtless arises from the different races and classes with which we have had to deal. My experience is chiefly derived from dispensary work in a robust, rural, Celtic district in the north of Ireland, and must of necessity be quite another affair from work among the wealthy classes of New York. We cannot put furs on the Hottentot and order the Laplander to go naked, and in like manner we cannot make a fixed rule of practice to apply to every clime and nation. Besides, the more eminent a practitioner is, the more likely is he to be called to an unusually large percentage of bad cases, and as it is stated that one in every six or seven pregnancies ends in abortion, it is evident that many have no professional assistance, unless it be that of the dispensary doctor, as in Ireland, where his services are available properly, free of expense, to fully half the entire population of the island.

There is an old proverb, that "children should not play with edged tools." Any instrument in the uterus is an edged tool, and though our graduates are far from fools, yet it must be admitted that they are little better than children in the use of uterine instruments. It is one thing to have a man of Dr. Mundé's experience empty a uterus with a curette, and quite another to place that instrument in the hands of a student for the same purpose; and any one who will teach his class that they are at once to attack *every* case of abortion with finger, forceps, or curette, will incur a responsibility which, I for one, would be sorry to undertake.

REMOVAL OF A LARGE FATTY TUMOR.

BY J. W. MACDONALD, M.D., L.R.C.S.E.; LONDONDERRY, N. S.

(Medical Officer to the Steel Co. of Canada.)

Mrs. C., aged 45, came under my care, suffering from a large tumor on the back, over the situation of the last three dorsal vertebræ. It had been growing for eighteen years, and for the last two years had been suppurating. She suffered very much from the weight of the tumor, as well as from the intense pain which accompanied the suppuration. The growth was pendulous, measuring three feet in circumference at its thickest part, and twenty-three inches at its neck. Over its surface were enlarged veins ramifying in every direction.

I decided to remove the tumor. The distended blood vessels threatening to be troublesome a tourniquet was applied to the neck of the growth, by passing the band of the instrument over two flat pieces of wood, so that the neck of the tumor was pressed between them. This controlled the hemorrhage very satisfactorily, and allowed me time to secure the arteries by torsion, until about half the dissection was completed, when it was necessary to remove the tourniquet, in order to get at the parts of the tumor which were more deeply attached. The bleeding was more profuse in this stage, but by proceeding cautiously, and twisting the arteries as soon as divided, the operation was completed without the loss of more than a pint of blood. The deep portion of the tumor was firmly attached to the muscles and aponeurosis of the back, and to the spinous processes of the 10th, 11th and 12th dorsal vertebræ. All bleeding being stopped the wound, which measured fourteen inches in length, was brought together by silver wire sutures and dressed with carbolic acid solution, 1 to 40.

The tumor weighed 26 pounds and was an ordinary lipoma. The suppurating part showed no symptoms of cancer. For the first few days the pulse rose to 112, it then fell to 80, and she progressed favorably. On the 11th day the pulse and temperature again rose, and the wound discharged large quantities of unhealthy pus. Five grain doses of quinine, and thorough drainage of the wound, remedied these evils, and a complete cure was the result.

RADICAL CURE OF HYDROCELE BY CARBOLIC ACID.*

BY J. M. JONAH, M.D., EASTPORT, ME.

The author of the paper commenced by giving an interesting history of the treatment of hydrocele, describing the various methods which have been in fashion for centuries past. He alluded to the use of iodine, which he considered uncertain, and which in his experience had been followed by unfavorable results. He had commenced the use of carbolic acid in 1882, and had employed it in the manner recommended some years ago by Dr. Levis of Philadelphia.

He then gave the history of several cases he had successfully treated. The first was a chronic case in a young man whose hydrocele had been tapped *thirty-eight* times, and once injected with iodine. He drew off eight ounces of straw-colored fluid, and injected into the sac seventy grains of crystallized carbolic acid dissolved in about ten per cent. of water. A sensation of warmth was experienced by the patient, but no pain. On the sixth day after the operation the patient resumed work, and there has been no return of the hydrocele since.

The second case was also chronic, the patient having been tapped previously about twenty times. In this case also there were no ill-effects produced, and the patient was going about on the fourth day. Other successful cases under this treatment were also briefly described.

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* Abstract of Paper read before the N. B. Med. Society, July 18, 1883.

The method of treatment is then fully given, by quoting Dr. Levis' description, which is as follows: "For the purpose, crystallized carbolic acid is maintained in a liquid state by a five or ten per cent. addition of either water or glycerine. After the tapping of the sac, I inject the liquefied crystals of carbolic acid with a syringe having a nozzle sufficiently long and slender to reach entirely through the canula. The object of this special form of instrument is to place the injection entirely within the sac, without any reflow, which would irritate the skin of the scrotum, the fingers of the operator, and without the possibility of injecting it into the connective tissue between the skin and tunica vaginalis. Ninety grains is the maximum and thirty the minimum I have used. As soon as the scrotum is injected, it is freely manipulated by the fingers of the operator so as to diffuse the acid over the lining walls of the hydrocele. A sense of warmth is produced, which is quickly followed by a decided numbness, and the patient is at once able to walk about. I do not enforce rest until 24 hours, when intra-scrotal inflammation renders quietude agreeable or imperative. I have never been able to detect any toxic effects from the absorption of the acid, no general depression, no discoloration of the urine. I believe that the action of strong carbolic acid on surfaces secreting albuminous fluids is to seal them, and, as it were, to so shut them off from the system that absorption cannot readily take place. In a case of hydrocele complicated with a sarcomatous testicle, I had moderate suppuration."

Correspondence.

To the Editor of the Canada Lancet.

Sir,—The following case will, I think, be a curiosity to some of your readers.

Some years ago I was called to a woman, a farmer's wife, whom I found suffering from a large right inguinal hernia. After a good deal of trouble I succeeded in reducing it. She had been troubled with it for some years, and had been in the habit of wearing an ordinary truss. This of itself was a somewhat rare case. But a year or so after, she consulted me for some derangement, as she thought, connected with irregularity of the monthly change. I was somewhat confused by her answers to some ordinary questions, which went to show she did not understand much about the subject. I then made a digital examination without any exposure, and was surprised to find the vagina a mere cul-de-sac of about two inches long. Telling her I thought likely some operation would be needed, I gave her a placebo, and told her to return in a week, and I would more carefully examine her, and be able to tell what would be required; and, at any rate, before undertaking any operation we would consult some other physician. At the end of the week she returned, and on exposing the parts, as you may well think, I was surprised to find a penis about an inch long, with well marked glans, without any appearance of prepuce, occupying the position of the clitoris, but of only half the usual extent around, the upper face or half of the urethra extending all the way, and visible down towards the vagina. In the right labium was a well marked round and firm testicle, and in the left one, not so well marked, but still quite distinct. the urethra being hid away under the pubis, and the vagina, as I have said, about two inches or less in length. In other words, I found her to be a man with an extreme state of hypospadias, including not only the urethra but the whole extent of the scrotum, and the penis firmly adherent all the way, only about the inch mentioned.

One point worthy of note is the extreme hypospadias much greater than anything I have seen mentioned in the books. But the great curiosity is the fact that she passes as a woman, and has been married more than twenty years to a shrewd, intelligent farmer, who seems not to suspect the least thing out of the usual way. She has a strong masculine voice and general appearance, with considerable tendency to beard. I need hardly add she has no children.

M. B.

December, 1883.

THE TUBERCLE BACILLUS.

To the Editor of the Canada Lancet.

Sir,—I send you the following lines, which you may think worth inserting:—" A saturated watery solution of carbolic acid, even though it acts as long as fifteen minutes, is not sufficient to arrest the development of the tubercle bacilli."—*Braithwaite*, July 1883; p. 73.

What say you, Koch, can this be true?
(The very statement seems to chill us;)
Is there, then, nothing we can do
Against this terrible bacillus?

A molecule, brandishing fell darts,
Arm'd, in the air, to meet and kill us;
Or burrowing in our vital parts,
Oh dread, invincible bacillus!

Monster! in microscopic space,
Who doth with seeds of death instil us;
Hast thou no vulnerable place,
No heel like that of old Achilles?

Has science nought for such a foe,
(Just as new hope began to thrill us?)
Come! who will strike a mortal blow
And vanquish the renowned bacillus?

Yours, &c.,
THOMAS W. POOLE, M.D.
Lindsay, Nov., 1883.

Reports of Societies.

MICHIGAN STATE BOARD OF HEALTH.

(Concerted action by State Boards of Health.)

There has been a growing conviction among leading sanitarians intrusted with the official execution of practical health measures, that while the work of the American Public Health Association is of inestimable value in promoting the interests of sanitary science and sanitary reform, there is a constantly increasing need for an annual conference of State and other health officials in regard to practical affairs of their every-day work, some part of which work cannot profitably be discussed in a public meeting consisting largely of persons not familiar with its details.

After due consideration, a meeting of representatives of State boards was held at Detroit, during the recent meeting of the American Public Health Association, at which, after discussion, it was decided to call a meeting of the secretaries or other representatives of all State boards of health, in Washington, during May, 1884, for the purposes mentioned, and with the view of organizing a section devoted to State Board work in the present Association, or the formation of a permanent separate organization especially adapted to the needs of State Boards of Health. Drs. Henry B. Baker, of Michigan, and J. N. McCormack, of Kentucky, were appointed a committee to confer with and secure the co-operation of all the State Boards in fulfilling the object of the meeting, and Drs. C. W. Chamberlain, of Connecticut, J. E. Reeves, of West Virginia, and Stephen Smith, of New York, were appointed a committee on organization, to report at the meeting in May. The American Medical Association meets in Washington in May; and another reason for holding the meeting in Washington is, that the representatives of the State boards may also have an opportunity for conferring with the senators and representatives in Congress from their respective States, in regard to national sanitary legislation. It would seem that whenever the health authorities of all the States shall meet, discuss, and agree upon the course they will pursue with respect to yellow fever, cholera, smallpox, or any disease which endangers public health without regard to State lines or borders, and whenever all State Boards shall act in concert, considerable progress will have been made in solving the problem of what are the best methods for national action in regard to inter-state and maritime quarantine or inspection and disinfection, as well as in the practical control of epidemic diseases within the several States of this country.

ONTARIO BOARD OF HEATTH.

The third regular meeting of the Board was held in Toronto on Thursday, Nov. 29th, 1883, and two following days. After routine the Chairman made a number of verbal communications, and the Secretary presented his quarterly report of communications received and work done.

A communication was received from Mr. Nasmith, baker, Toronto, referring to the probable relations of continued periods of moist weather upon the consumption of bread and other articles of food.

Dr. Cassidy presented a report on the "Smoke Nuisance," and the report of the committee on School Hygiene was read and adopted.

It was moved by Dr. Cassidy, seconded by Dr. Covernton, "That in view of the agitation which is taking place regarding the pollution of Ashbridge's Bay, Toronto, by liquid manure from the cow-byres, the committee on the Disposal of Sewage be requested to report to the Board on that subject."—Carried.

The report of the committee on School Hygiene was again taken up and it was moved by Dr. Oldright, seconded by Dr. Rae, "That the Secretary be directed to transmit a copy of the report to the Minister of Education; and the Board would express the unanimous opinion that the minimum of air space for each child should be in no case less than 500 cubic feet; and that this small space should be permitted only where there are such efficient means of ventilation and heating as will change the contained air six times per hour, thus allowing 3,000 cubic feet of breathing air per hour to each child."--Carried.

A special report from the committee on the "cattle-byre nuisance," Toronto, was read and adopted. The report stated that there could be no difference of opinion amongst sanitarians as to the result that must ensue—that a condition must be produced highly prejudicial to health and comfort, and the committee considered that there was good ground of complaint. It had been suggested that the nuisance might be abated by pumping the sewage to a large tract of land some distance from the bay.

Moved by Dr. Oldright, seconded by Dr. Rae, "That Drs. Covernton, Cassidy, the Secretary and mover be a committee to make arrangements for holding a Sanitary Convention at Ottawa, and also for arranging for a course of lectures on sanitary subjects in Toronto, during the ensuing winter."—Carried.

The desirability of establishing relations with the British Association, which meets in Montreal next year, was then discussed. The report of the delegates to the Canadian Sanitary Association meeting at Kingston, was read by Dr. Yeomans and adopted.

The Finance committee presented a partial report, after which the Board adjourned.

OTTAWA MEDICO-CHIRURGICAL SOCIETY.

The regular monthly meeting of the above society was held on the 30th of November, the president, Dr. Robillard, in the chair. Dr. Playter was elected a member.

Dr. Prevost communicated his experience with jequirity, recently recommended in the treatment of granular lids. It was specially serviceable in those cases of trachoma accompanied by pannus. A solution of eight beans in four ounces of cold water is made, and to this four ounces of hot wate are added. This is used as a wash, once a day, a small quantity being allowed to penetrate beneath the lids. Its action is that of an irritant; inflammation is caused, sometimes very severe; when this passes away the original trouble is greatly improved, if not quite cured. Dr. Robillard had also used it with success.

Dr. Powell read a paper upon "The Complications of Typhoid Fever," in which he dwelt upon the pyrexia and conditions affecting the respiratory circulatory, digestive, nervous and glandular systems.

Dr. H. P. Wright agreed with Dr. Powell, that a continuous moderately high temperature was more serious than a very high temperature of short duration. He cited two cases in point that terminated fatally.

Dr. Prevost reviewed the history of the theory of baths. He had experimented with sponging—taking the temperature both before and after—without detecting any reduction. He believed that in the general treatment of fevers, too much attention was given to this symptom.

Dr. Malloch agreed with the last speaker. He placed little faith in the various drugs used to reduce high temperature, as he always found it rapidly rose again.

Dr. S. Wright gave quinine in five grain doses every three hours, and rarely had a temperature above 100° or 101°. Some patients could no stand the drug, brain symptoms being caused, but as a rule, a slight reduction in the dose overcame the difficulty. He reported a case where forty grains a day had been given for three weeks.

Dr. Grant, Jr., exhibited a brain, showing a neoplasm pressing upon the right ascending fronta convolution. A report of the case was promised.

BRANT COUNTY MEDICAL ASSOCIATION.

The regular quarterly meeting of the above named society was held in Brantford on the 4th ult., Dr. Harris, the president, in the chair.

After routine, Dr. Griffin reported on behalf o the committee appointed at a previous meeting to take steps towards the establishment of a hospital that on account of Mr. Stratford's liberal offer to the city, the work of the committee was now at an end.

Dr. Sinclair, Paris, presented notes of a very important case in his practice, as also did Dr. Marquis, of Mount Pleasant. These papers each elicited considerable discussion, in which Drs. Griffin, Winskel and Fairchild took part.

A vote of thanks was tendered Drs. Sinclair and Marquis for their interesting papers, and after some routine business the society adjourned, to meet again in Brantford on the first Tuesday in March next.

Selected Articles.

THE IMPROVED CÆSAREAN OPERATION.

The disposition manifested to return to the old method of abdominal delivery in the management of labors in pelves extremely narrow in their measurements, had stimulated suggestions from many prominent quarters, with the object of increasing the safeguards and precautions against the ordinary dangers attendant upon it. These are proposed mainly in reference to the prevention of hemorrhage, the security of the wound of the uterus against gaping, the warding off of septic influences, and the insuring of the greatest promptitude consistent with the proper performance of the operation. The various recent suggestions in these directions are very admirably set forth in a series of papers just completed by Dr. Garrigues, of New York, in the *American Journal of Obstetrics*.

In connection with these points, it is interesting to notice an operation recently (March 5th) performed in the Maternity of the Woman's Hospital of this city by Dr. Anna E. Broomall, Professor of Obstetrics in the Woman's Medical College. The patient was a negress, aged 22, with a conjugata vera of $2\frac{7}{16}$ inches, and a very exaggerated inclination of the pelvis, which increased the obstruction. She had been twenty-four hours in hard labor before she came into the Hospital, and attempts at delivery had been made by long-continued and vigorous compression and traction with forceps. At the time of the operation by Dr. Broomall, her temperature was 102° and her pulse 180, with offensive discharge of blood and shreds of tissue; but as the fœtal pulse was distinct, and the mother's condition not absolutely hopeless, the Cæsarean operation was adopted, as giving more chance to both lives than any other method. Craniotomy was inadmissible with the active signs of life in the child, and the Porro operation involved too much shock, and, moreover, her intelligent consent to be unsexed was not obtainable in her then condition. The operation was performed with full antiseptic precautions as to assistants, instruments, and atmosphere. The main important feature was the adoption of the principle of the Müller-Porro operation, viz., the turning out of the uterus from the abdominal cavity, keeping the edges of the incision closely pressed against the uterine wall, and before incising the uterus making constriction of the cervix to prevent hemorrhage. This plan, first suggested by Litzmann, of Kiel, has been carried out heretofore in a few cases only, and without success, by placing a constricting band around the cervix, either a wire loop, or, as urged by Garrigues, an Esmarch rubber tube tightened up until complete arrest of circulation is affected. Dr. Broomall, however modified this portion of the operation in having the *cervix grasped by the hand of an assistant* and securely compressed until the uterine wound was closed by sutures. The hand was applied with its palmar surface upon the lower anterior face of the uterus, with the thumb and fingers extended with the commissure looking downward, then slid rapidly down until the soft tissue of the cervix could be grasped in its embrace, the head being gently pressed upward till the cervical tissues were entirely isolated from it. The softness of the cervical walls rendered an efficient grasp quite easy, and the circulation was absolutely controlled, there being apparently not a drachm of blood lost from the incision in the uterus. The placenta was implanted anteriorly and had to be cut through, causing of course the loss of its contained blood. The advantage of this method of constriction was seen to be immense. First, there is great saving of time, and that too at a period of the operation when every moment tells upon the vitality of the fœtus. The difficulty of passing a cord or ligature of any kind over and behind the uterine body, carrying it down between the womb and the edges of the incision—which have to be kept closely in contact to prevent the escape of the intestines—and the care necessary to prevent loops of intestine and portions of omentum being carried down and grasped by the ligature, contused and perhaps permanently injured by the rough constriction, constitutes one of the serious delays in the Porro operation; and the manipulation necessitated by it, disturbing the placental circulation, involves great danger to the child. With the manual grasp, the fingers being gently slid around the cervix from in front and kept close to the uterine wall, such precautions are unnecessary, and the whole constriction is done instantaneously. In Dr. Broomall's case, it was less than fifteen minutes from the time the peritoneal cavity was opened until the uterine wound was completely closed, and in ten minutes more the abdominal walls were closed also, making only twenty-five minutes in all that the abdomen was open. Second a very important gain by this procedure is in the diminished risk from injury of the uterine tissues or the broad ligament and its appendages by their grasp in the soft hand, with its well-regulated and intelligent pressure, in contrast with their constriction by any mere machine. The hand would not be wearied in so short a time, but if it should become so, it could easily be replaced by the other, with scarcely perceptible interval of grasp. After thorough cleansing of the cavity, the uterine wound was closed by fine silver wire sutures, passed at very short intervals from the internal surface of the uterus outward through the whole thickness of the wall, and returning similarly through the opposite side, so that the middle of the loop, instead of the twist, was upon the peritoneal edge of the wound, thus bringing the peritoneal surfaces closely together with a little inversion of the edge. The wires were cut pretty closely and the ends turned in between the edges of the incision towards the peritoneal surface. This method was continued until the lower end of the wound was so nearly reached that it was no longer practicable, when silk braid carbolized and waxed was substituted. The condition of the mother previously and at the time of the operation gave but little hope, if any, of her life, but though the case was fatal after thirty-six hours, the autopsy showed complete union of the uterine wound throughout, and the abdominal cavity free from any trace of blood. The uterine surface was free from inflammatory action, but the intestines in the upper part of the abdomen above the uterus, were largely agglutinated by lymph. The child lived thirty-two hours, and was found to have had a large clot beneath the membranes of the brain, with fracture of the right parietal bone from the compression at the pelvic brim early in the labor.

The advantages of this mode of constriction and the facility with which it can be performed, recommend the plan of Dr. Broomall as a very important advance in the improved Cæsarean operation. The objection urged by Carl Braun von Fernwald to the use of ligature on the ground of the head being sometimes impacted in the brim (a condition certainly extremely rare in a pelvis of two and one-half inches) would not be applicable to the manual constriction, as the hand with its palmar surface could efficiently compress the cervical tissues against the head itself, quietly raising it upward till it had cleared the brim, the cervix being stretched and thus easily and efficiently grasped.—*Med. News.*

IMMEDIATE TREATMENT OF FRACTURES BY PLASTER-OF-PARIS BANDAGE.

BY CHRISTOPHER HEATH, F.R.C.S.

The object of my paper is to point out that many other fractures besides those of the leg may be most conveniently and satisfactorily treated by plaster-of-Paris bandages or splints, though I prefer the former.

A late American surgeon and friend of mine, Dr. Cowling, of Louisville, published, shortly before his death, three years since, a little book entitled *Aphorisms on Fracture*, of great value from its shrewd common-sense, from which I will venture to make a few brief quotations.

"*Aphorism* 38. — Carved and manufactured splints generally fit nobody, and are to be rejected, as not only expensive, but damaging."

"*Aphorism* 41.—The application of the roller bandage immediately to the skin, whether as a protective or to prevent muscular spasm, has resulted in such disaster, that it is one of the curiosities of surgery how it could be repeated at this day. When cotton is placed *over* such a bandage, it forms an absurdity scarcely credible in a man of ordinary sense."

"*Aphorism* 44. — Continued extension and counter extension are, as a rule, not necessary to prevent shortening in fractures. This is best done by removing the causes which lead to muscular spasm; first by an early and as complete reposition of the fragments as possible; second, by the smooth application of cotton batting to the limb; third, by the equal pressure of a bandage extending from the distal end of the limb to a point beyond the joint above the fracture; fourth, by the accurate fitting of the splints or plastic material for support; fifth, by as little interference afterwards as possible."

Mr. Gamgee has for so long advocated in this country the advantages of fixation and compression in the treatment of fractures, that it may appear superfluous to go at all over the same ground again; but my object is to induce surgeons to have more faith in the early treatment of fractures by plaster-of-Paris than appears as yet at all general, and thus to save their patients and themselves an infinity of trouble.

Let me take, as a good example of the treatment, an ordinary case of fractured patella. Every one knows that the joint soon fills up with blood and synovia, which take many days for their absorption, but every one apparently does not know that, if the case be seen before effusion has occurred, it may be entirely prevented by wrapping the knee-joint up in cotton-wadding, and applying a plaster-of-Paris bandage fimly over all. I have treated many cases in this way with only a couple of days' confinement, and believe that I have in some cases got osseous union between the fragments, so firmly are they knit together.

But, if effusion have already taken place, it is easy to get rid of it, if coagulation of the blood have not already occurred, by the use of the aspirator; and, the wadding and plaster being at once applied, no further effusion takes place, and the patient begins to walk about with a stiff knee as soon as the plaster is dry.

Unless a fractured tibia be very much comminuted and bruised, I look upon plaster-of-Paris, applied as soon as possible, as the ordinary treatment to be adopted; and certainly in Pott's fracture of the fibula, with or without fracture of the internal malleolus, nothing is so comfortable to the patient, or of so little trouble to the surgeon, as a boot of plaster properly applied, with the foot carefully held at a right angle to the leg.

In the fractured thighs of children, I believe better results can be got by the immediate application of plaster-of Paris over cotton-wadding than by any other method—even than by Hamilton's double thigh-splint with cross-bar, which is very convenient. And here let me venture to controvert a part of one of Dr. Cowling's aphorisms and the routine teaching of most surgical works, viz., that the joints above and below a fractured bone should be included in any apparatus and kept quiet so long as the fracture is under treatment. If a fracture be close to a joint, and *a fortiori* if it involve the articulation, then of course its fixation is essential; but why, with a fracture in the middle of a long bone, we should insist upon crippling a patient by doing our best to give him two stiff joints, I fail to see. With imperfectly fitting splints, it may no doubt be desirable to fix approximately the neighbouring articulations in order to obviate movements which would disarrange the fracture; but how incomplete the fixation is, any one may see who will watch a case of fractured thigh treated with the long splint. To enclose joints unnecessarily with plaster-of-Paris, is to provide cases for the "bone setter;" and I should never include the knee or hip-joints in any ordinary case of fractured shaft of the tibia or femur. Many surgeons have exaggerated ideas of the tendency of muscles to produce displacement. They have some tendency to contract spasmodically immediately after an accident; but this soon passes off, particularly when they are firmly and equally compressed.

The apparatus for the treatment of fractured clavicle are too numerous to mention, and perhaps the simplest and best is Sayre's method with three strips of plaster. But I will venture to say that better results will be got by encasing the patient, with his ordinary jersey on, thoroughly in a plaster-of-Paris bandage, than by any other method. The clavicle being a short bone, it is of course necessary to fix the shoulder-joint by encasing the humerus and fixing it to the side; but it is quite unnecessary to fix the elbow-joint, which should be left exposed, the fore-arm being carried in a sling and used with moderation.

Fractures of the neck of the humerus may be similarly treated, if the axilla be thoroughly padded with cotton-wadding, and without a shoulder-cap, which latter is always cumbersome and very apt to gall the patient.

Fractures of the shaft of the humerus may be treated with plaster from the first, alone or combined with three splints; but fractures low down, and separation of the lower epiphysis in young children, I find best treated by thoroughly flexing the forearm upon the chest and maintaining it there with ordinary bandaging.

Fractures of the fore-arm are the only ones which seem to me unsuited for treatment with plaster-of-Paris, and for the obvious reason that there would be great danger of drawing the two bones together. Two simple splints, not too wide, should be applied while the fore-arm is supinated, and then brought by the surgeon into the position between supination and pronation: these answer every purpose, while for Colles' fracture Carr's splint is the best. In fracture of the olecranon, I am heterodox enough to flex the arm to a right angle and let the patient wear it in a sling, and the result is as satisfactory as if a front straight splint were applied for a month. — *British. Medical Journal.*

SURGICAL DISEASES OF THE KIDNEY.

At the Annual Meeting of the British Medical Association Mr. Clement Lucas opened a discussion on "The Surgical Diseases of the Kidney, and the operations for their relief," of which the following is an abstract. He commenced by stating that the greatest advances in the treatment which had taken place of late years were those made in the indefinite border-land which separates medicine from surgery. It was in this barren and desolate tract we must look for fresh discoveries. Ovariotomy and the various operations upon the intestines and stomach he put forward as instances of work recently advanced in this territory, but he claimed as the most remarkable incident of this decade, the sudden light which fell upon the profession in its relation to renal disease and the rapid growth and recognition of renal surgery. The credit of having awakened a new interest in renal diseases, and of having, by experiment on the lower animals, made sure of his ground, was due to the late Professor Simon, of Heidelberg, who in 1869 successfully performed nephrectomy for the cure of a fistula of the ureter following ovariotomy. Since then, extirpation of the kidney has been performed upwards of a hundred times. The operation of nephrotomy has been much more frequently undertaken, and the removal of a stone from the kidney which used only to be attempted when a sinus or tumour existed, has been several times successfully performed before the kidney had suffered any severe damage.

In casting a glance over diseases of the kidney to determine which might admit of surgical treatment, it was necessary to exclude at once all such diseases as attack equally the two organs; hence, the various degenerations, included under the name of Bright's disease and lardaceous disease must ever remain outside the province of renal surgery. On the other hand, conditions which disturb the functions of one organ only, for the most part admit of relief by operation.

Painful, moving or floating kidney being only a mechanical disturbance admits of relief only by mechanical means. Simple exploration and replacement through an incision in the loin would probably be found sufficient in the majority of cases for the cure of this condition. The adhesion resulting, serving to retain the organ in position. Stitching of the capsule to the parietes, or, as it is termed, Nephroraphy, is a somewhat serious, but still simple, undertaking. In eight cases in which it has been performed the patients all recovered and were relieved. There might still be cases where intense suffering was experienced and where the other means had failed, which would suggest Nephrectomy. Martin of Berlin had in six cases removed floating kidneys through the peritoneum and four of these recovered.

Hydronephrosis, a dilatation of the pelvis and calices of the kidney with watery fluid as a result of obstruction below, admitted of surgical treatment when one-sided. After detailing the various conditions of the ureter, congenital and acquired, which might give rise to this condition, the author suggested these cases should be first aspirated, then cut down upon and drained through the loin; the cyst-wall being stitched to the parietes. Finally, should the fistula fail to close, the remains of the kidney might be returned through the loin.

In women these tumours had been often mistaken for ovarian tumours and had been operated upon as such. Being movable and not forming adhesions till late, some might advocate ventral nephrectomy for these cases before drainage, but such treatment would entail more risk than the method advocated. Abdominal nephrectomy for hydronephrosis will, however, show better results than nephrectomy generally.

Large isolated cysts of the kidney having no communication with the pelvis were rare. They should be aspirated and afterwards drained through the loin.

Hydatids of the kidney, also rare, had a tendency to discharge themselves through the pelvis. When forming tumours, they could generally be cured by aspiration or syphon-tapping.

Pyonephrosis, which resembles hydronephrosis anatomically, but contains pus instead of urine or watery fluid, when unilateral falls under renal surgery. The double pyelitis, with suppuration and distension, which commonly resulted from stricture and enlarged prostate, the author said was inappropriately named "surgical kidney." He suggested the term *Reflux Pyelitis* as better expressing this condition. Reflux pyelitis when one-sided was due to some obstruction in the ureter and then often gave rise to a large pyonephrosis. Other causes of unilateral pyonephrosis were calculus and strumous pyelitis. After speaking of the diagnosis and stating that these tumours were more adherent, and gave rise to more pain and constitutional disturbance than hydronephrosis, he said that nephrectomy for pyonephrosis had been performed twenty-eight times and of these seventeen recovered and eleven died, but it was most worthy of notice that among these twenty-eight cases six had previously discharged their contents through a fistula in the loin and all these recovered. Hence, he argued, it was better to drain a pyonephrosis before performing nephrectomy.

Neoplasms of the kidney could only be treated by nephrectomy, and if this were performed early, there might be a good chance of permanent benefit. Generally they were too large to be removed except through the peritoneum, but of 5 cases removed through the loin, 4 recovered. Out of 16 removed by ventral incision, 10 died and 6 recovered.

Calculus of the kidney offered an excellent field for surgical interference, but the difficulty was to make sure of the diagnosis. Many cases of supposed calculus would turn out to be strumous kidneys. Two cases were related in which the kidney was explored and even deeply punctured but no ill-result or rise of temperature followed, and the wounds healed primarily. Several cases of nephro-lithotomy were recorded in the Clinical Society's Transactions and two cases had been performed successfully at Guy's Hospital during the present year. When the kidney was much dilated and damaged it would be a question whether it might not be better to remove it.

After briefly alluding to *Injuries to the kidney*, which, though not included under the title of the paper, might suggest nephrectomy, the author proceeded to speak of some details in operating. He recommended for the lumbar operation a combination of two incisions which he had employed as giving the most room, viz.:—an oblique incision higher than the colotomy incision within about half-an-inch of the last rib and parallel with it, and a vertical incision on the outer margin of the quadratus lumborum extending from the upper edge of the last rib to the iliac crest. For the transperitoneal operation Langenbuch's incision external to the rectus muscle was to be preferred to the median incision, as it enables the operator better to reach the kidney through the outer layer of meso-colon.

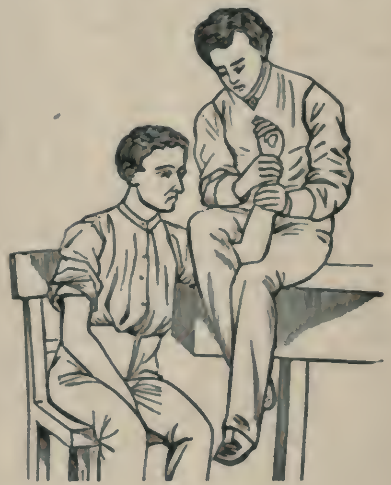
In conclusion, he urged, that antiseptic exploration of the kidney through the loin is a simple and not at all a dangerous operation, which may be undertaken without anxiety in any case where calculus is suspected; that it is generally wiser to tap and drain fluid tumors of the kidney before proceeding to remove the diseased organ; that when nephrectomy is decided upon, the extraperitoneal operation through the loin should always be chosen for any tumour it is possible to withdraw through the limited space at disposal; finally, if this course be adopted the transperitoneal operation will be reserved for large solid tumours, and, perhaps, some floating kidneys.—*Brit. Med. Journal.*

NEW METHOD OF REDUCING DISLOCATIONS AT THE ELBOW-JOINT.

Dislocations at the elbow-joint are generally reduced without much difficulty, but the operator occasionally encounters an amount of resistance which demands pulleys or assistants. In other instances, in which a complicating fracture is suspected or recognized, considerable force may be essential to the diagnosis or the treatment, and it is expedient that, while perfectly under control, this power should be applied with great steadiness. Again, in long standing dislocations, accompanied by extreme rigidity and consequent loss of function, authority, with the object of permitting efficacious treatment by passive motion, sometimes sanctions the fracture of the olecranon process. In any of those contingencies the following procedure permits of the necessary treatment in the most satisfactory manner.

The operator sits on the corner of a table, at the end of which the patient is placed upon a chair (Fig.) The injured limb is drawn under the surgeon's proximal thigh, which rests, close to the joint, on the anterior surface of the humerus, while the olecranon is accurately placed on the anterior surface of the lower third of the distal femur, and the proximal foot is "hitched" behind the other leg, which is flexed firmly against the frame of the table. In order to obtain the most favourable fulcrum, the surgeon fixes his proximal elbow against the antero-internal aspect of his corresponding thigh (not correctly shown in Fig.) and, grasping the wrist of the patient with both his hands, reduction is affected by the simultaneous and co-operative action of the muscles of the arms, back and thighs. Fixation and counter-extension are supplied by the powerful thighs of the operator, and coaptation is effected, with great nicety, by the backward pressure of the proximal femur against the anterior surface of the humerus, while the distal femur forces the olecranon forwards. Owing to the accuracy with which it can be applied, this power which is incalculably greater than that afforded by the pressure of the fingerr and thumbs (Boyer), is sufficient when the forearm is steadied, to reduce an ordinary dislocation without the aid of extension. Additional adjusting influence is exercised by the inner side of the proximal thigh, which by pressing against the anterior surface of the forearm, liberates the coronoid process from its position behind the lower extremity of the humerus, and allows the greater sigmoid cavity to resume its normal relation to the trochlea. Extension is supplied by the muscles of the upper extremities acting round the fixed point provided by the elbow of the surgeon, and, when his body is thrown backwards, additional force is derived from the muscles of the back, the glutæi, and the other extensors of the thighs. This power may be applied at various angles in rapid and easy succession, an advantage which the surgeon experienced in the treatment of dislocations cannot fail to appreciate.

In the lateral modifications of the posterior luxations the reduction is generally effected by the same manœuvre which is employed for the simple form of dislocation, but should special coaptation be necessary, it is at the disposal of the operator, as, when aided by the powerful constraining pressure of the thighs, the proximal hand can supply sufficient traction and stability, while the other is unoccupied and in the most advantageous position to apply any additional manipulation which may, if desirable, be afforded by an assistant. If the condition be such that the full extending force of both arms be required, the isolated rural surgeon can, with a little ingenuity, render himself independent of professional aid by fixing the bone of the arm or forearm, which is displaced inwards, by a bandage passing round his own loins, and by making lateral traction on the bone or bones displaced outwards, by another bandage attached to his foot, and passing over his knee as over a pulley. By this simple apparatus the distinctive motions, which are essential to the reduction of the simpler luxations are utilised for the treatment of the more complicated forms.



For the anterior dislocation, of which the writer has had no personal experience, the following modification of the foregoing method is proposed, as being rational and obviously advantageous. The operator and patient being placed in the same relative positions, the arm of the latter is passed *over* the proximal thigh of the surgeon, while his distal thigh is placed in the anticubital fossa; the distal foot is "hitched" behind the other leg, and the proximal elbow placed upon the shoulder of patient. The arm being fixed, and the forearm pressed against by the distal thigh, the operator grasping the wrist as in the former manœuvre, makes traction upon it in the most desirable direction, and, flexing the forearm over the thigh, he liberates the olecranon from the anticubital fossa, when the reduction is completed by the spasmodic action of the patient's triceps, aided, if necessary, by the operator, who forces the forearm backwards.

In addition to the desire to place at the disposal of the surgeon another method of dispensing with pulleys, assistants, and anæsthesia, the purpose of this paper is to direct attention to the undeveloped mechanical resources of the human body. The utility of the powerful muscles of the lower extremities in supplementing the strength of the upper, is a topic worthy of consideration, and experience has enabled the writer to commend it most warmly to the attention of his professional brethren.—*Dub. Jour. Med. Sci.*, July.

THE MANAGEMENT OF PARTURITION.

Dr. R. Tauszky read a paper before a recent meeting of the New York Acadamy of Medicine (*Anerican Journal of Obstetrics*) opening with the question, Why is it that almost every woman, as soon as she becomes a mother begins to suffer from some form of pelvic disease? He believed much of this suffering to be due to meddlesome (unscientific) midwifery. Intelligent and anti-septic midwifery, even though having the appearance of "meddlesomeness," should however, he believes, be applied at every labor in order to the best possible physicial condition of the woman. The first step towards this end are clean hands on the part of the accoucheur. His nails should be scrupulously clean, and the hands, after having been thoroughly cleaned with soap and water, should be washed with a three-per-cent solution of carbolic acid. All instruments and articles used about the woman should be similarly cleansed and disinfected. Just prior to confinment, or in the first stage of labor, the bowels should be emptied by an enema, repeated if necesary. The bladder, too should be emptied by the catheter, if necessary, and the vulva bathed with a weak solution of carbolic acid or thymol.

During labor dilatation of the cervix should be carefully assisted by the fingers, and much advantage may accrue from gently pushing the anterior lip above the symphysis. Tough membranes should be ruptured. Chloroform should be used in primiparæ, but not to the extent of complete unconsciousness. The head and shoulders should not be allowed to press unduly for any considerable length of time on the perineum. To relieve such pressure apply the forceps.

The cord should not be tied until the umbilical vessels have stopped bleeding. This is a very important practical point. Crede's method of removing the placenta should be employed. The genitals should be carefully inspected after removal of the placenta, and any abrasion or laceration dressed with iodoform. The abdominal binder should be used and the child should be applied to the breast at the earlist possible moment. The early application of the child is in the interests of both child and mother, exciting necessary uterine contractions in the latter. In multipara a drachm of ergot should be given after the delivery of the after-birth. In normal labor ergot should never be given before expulsion of the child. [This statement we regard as both correct and incorrect. It is correct if it is intended to imply that the action of the ergot should not be secured on the undelivered child in normal labor; incorrect if the statement is intended to cover the mere act of giving the drug. It takes from ten to fifteen minutes for the ergot to act, and the experienced obstetrician can so time the exhibition of it as to secure its action after the delivery of the child, and at a time when its action on the uterus may be all important in preventing hemorhage following the removal of the placenta.—*Ed. Medical Age.*]

The thermometer should be placed twice a day in the axilla, that any ominous rise in the temperature may be promptly met. As an application to excoriated nipples the following:

℞ Balsam Peru................ʒ j.
Olei amygdal................ʒ jss.
Aquæ rosæ..... . ...℥ j.
Mucil. acaciæ. ....ʒ jss.

M. Sig. Apply after last nursing, the nipples having been carefully cleansed.

Dr. Tauszky lays special stress on the necessity of preventing unnecessary hæmorrhage after parturition, and would hold the accoucheur responsible for the oozing of blood from the genitals for days after delivery. He maintains that not a drop of blood should be lost after the third stage of labor, and that the napkins should be perfectly free from color. Should even slight discoloration occur, the source should be looked for with a view to checking it.

The bowels need not be moved until the third day after labor. Intra-uterine carbolized injections should be used only when the lochia are offensive and when there is febrile movement. Even in such cases he thinks vaginal disinfecting injections are alone sufficient, except in cases in which the uterus has been injured. As such injections he prefers thymol to carbolic acid, and the parts should be thoroughly cleansed by injections of simple water, either through a soft catheter or by means of the Chamberlain syringe.

Dr. Tauszky protests very strongly and very properly, in our opinion, against Dr. Goodell's plan of allowing the woman to resume the upright position within three days after labor. His frontier experience with the army convinced him of the fallacy of the belief that squaws are free from uterine trouble. Uterine affections are not uncommon among them, and they are due, in his opinion to early rising after parturition.

Should pelvic peritonitis develop, he regards cold applications as the best, especially in the early inflammatory stages. At first the applications must be made very frequently. He exhibited Leiter's (of Vienna) device for reducing intra-pelvic temperature. It consists of metallic cylinders three quarters of an inch to an inch aud a quarter in diameter and two inches in length, within which were coils which terminated in two extremities, which projected from the extremity of the metallic bulb, and to which India rubber tubes could be attached to conduct water from a fountain above through the bulb into a basin below. He regards warm injections for peritonitis as dangerous.

In the discussion which followed Dr. Tauszky's paper, the views contained therein were generally endorsed, but the position in which he insisted on the necessity of absolute cessation of hæmorrhage after the termination of the third stage, was freely criticised. The value of cleanliness was emphasized, as was also the necessity of securing a condition of good health in the woman prior to parturition. Dr. Tauszky, in reply to his critics, again insisted on the possibility of absence of blood after expulsion of the placenta. To this end the firm, hard feel of the uterus must be secured before the accoucheur leaves the woman.

PRACTICAL POINTS FROM PHILADELPHIA CLINICS.

The *Medical Herald* gives the following practical points from Philadelphia clinics :—

Dr. Carl Seiler removes polypi from the nasal cavities with the snare, as this causes less bleeding than the polypus forceps, and touches them with the galvano-cautery. This prevents the return of the growth, which nothing else will, the doctor having tried iodine, chromic acid, etc. This procedure certainly merits further trial.

Dr. Wharton recommends that superficially situated nævi be cauterized with strong nitric acid, applied with a glass rod. The resulting slough is followed by a white cicatrix. More extensive nævi call for other treatment.

For catarrhal, or herpetic, or diphtheritic tonsillitis Prof. Pepper recommends constitutionally absolute rest, large doses of quinine, drop doses of tincture of aconite, and liquid diet, and locally the application of the muriated tincture of iron.

Prof. Tyson often prescribes a mustard plaster prepared with molasses instead of water. For prolonged and mild counter-irritation this acts excellently, as patients often have the plaster on their backs for hours while fulfilling their daily duties. Dr. Tyson also has great faith in jaborandi and its active principle, pilocarpin, in the treatment of uræmia. He considers it *the* remedy for such cases. In Bright's disease and in diabetes the doctor prescribes an exclusive milk diet. He gives only skimmed milk.

Dr. Strawbridge poultices the external ear in the following ingenious manner : He lays the patient's head on the table and fills the external ear with as hot water as can be borne. Over the ear are applied towels soaked in very hot water, the surplus water being drained off by squeezing the soaked towels between dry ones.

Dr. Louis A. Duhring recommends for acne, sulphur in some form ; preferably the sulphate of calcium internally, and locally the following prescription at bedtime : ℞. Sulphuret. potash, ʒ ss ; sulphate zinc, ʒ ss ; glycerine, ʒ j ; alcohol, fl ℥ j ; water, fl ℥ j. M.

For eczematous sores in children and old people recommends an ointment of five grains of iodide of lead to the drachm of vaseline.

Dr. Ellerslie Wallace describes nux vomica as the great invigorator of the sexual organs. He gives from one-half to one grain dose of the extract of nux vomica three times a day after meals.

Dr. John Ashhurst, Jr., says it is the surgeon's rule for ligation of an artery to cut down over the pulsation of the artery where he feels it. Of course the surgeon should know the anatomy of the parts, as well as the lines for cutting as laid down in the books.

Prof. Da Costa says do not aspirate pleuritic effusions as long as no urgent symptoms, such as failure of the heart and symptoms of blood-poisoning, demand it, for the liquid will generally re-accumulate, and the second time it will be purulent. Give iodide of potassium and other remedies to promote absorption and to make the kidneys act. For the latter the infusion of juniper and jaborandi internally, and dry cupping over the region of the kidney will be often of benefit.

Prof. Tyson divides the treatment of acute rheumatism into three kinds to suit different types of cases. Rheumatism occuring in persons of nervous rheumatic temperament who lead a sedentary life, but are otherwise well fed and clothed, should be treated by salicylic acid or the salicylate of sodium ; twenty grains of the latter every four hours for the first twenty-four or forty-eight hours. Continue the medicine after convalescence is established for some time—about as many days as the disease itself lasted. Rheumatism occuring in obese persons who are free livers and who use malt liquors will be best treated by the alkaline treatment. One and a half drachms of bicarbonate of soda in lemon juice every four hours for four days, afterward twenty grains three times a day combined with iron and quinine. Rheumatism occuring in anæmic persons who have been underfed and overworked should be treated with the tincture of iron. When the types shade into each other give the salicylic acid with the other treatment. The diet should consist of skimmed milk, chicken or mutton soup, beef broth or other liquid diet. Anodynes and the old "six-weeks-abed" have gone out of date.

Dr. Wm. Goodell, the world-famed gynecologist of the University recommends for pruritus vulvæ: ℞. Carbolic acid, ʒ j; morphine sulphate, gr. x; boracic acid, ʒ ij; vaseline, ℥ ij. M. And also the patting of the parts with a sponge soaked in boiling-hot water. This is also a most excellent application for that rawness so often found between the thighs of the newly born.

THE THERAPEUTICS OF BLUFF.

The *New York Medical Record* gives the following sketch:—He stood by the bedside counting the pulse, counting the respirations. The patient was in advanced life, and was suffering from broncho-pneumonia. "One hundred and six!" was the exclamation; "respirations thirty-six, an increase over last evening of ten pulsations and six respirations. Some slight lividity of the extremities of the fingers. Heart's action a little irregular." Dr. Blank shook his head dubiously. "Mrs. Brown is not so well to-day." A cloud passed over his countenance as he spoke the words; it was noticed by Jane, Thomas, and Susan. A gloomy silence followed. The Cammann binaural tube was applied to different parts of the thorax. Subcrepitant ronchi everywhere; small bubbling at the bases. "There is extensive consolidation," he said; this dull region is stuffed with the products of inflammation. It is a hard tug for breath with the old lady."

The supreme cortical cells of Dr. Blank's cerebrum were involving this thought: "This patient will die; I shall lose prestige in consequence; I shall lose the patronage of this family." What shall he do about treatment? The digitalis does not seem to be working well; there is nausea. The squills, senega, and ipecac do not promote expectoration. There is pain in the head, and he fears that it is caused by the quinine and whiskey. In doubt and uncertainty he tells them to put these medicines on one side, and writes a prescription for some carbonate of ammonia. He directs full doses of this medicament, and then, after starting for home, in his hesitation comes back and advises the family to give only half the dose prescribed. With a heavy heart, which his countenance too plainly shows, he bids the Browns good-morning.

What are Thomas and the Brown girls thinking about at this time? "This man is fairly discouraged. He has done all he can. He has no confidence in his medicines. He has made a complete change, and now is doubtful about the result of the change. He evidently thinks mother is going to die. Mother, too, is discouraged. It is time to try somebody else." Dr. Blank had hardly arrived home that morning when a messenger brought a note from the Browns stating that they had made a change; that Dr. Blank might consider this note a note of dismissal; that Dr. Bluff would now take charge of the case.

Dr. Bluff was not in any sense a scientific man, nor had he any skill in the selection of his remedies. He stole a good many useful hints from members of the faculty and young graduates, with whom he now and then held consultations (and with whom he always agreed), but his diagnosis was hap-hazard and his treatment was hap-hazard. He drove fast horses, and would bluster like an English country squire. All this gave him great popularity. Individuals had been heard to say that they would rather have Bluff's presence in a sick-room, if he did nothing more than talk slang, and tell them that they would be able to dance a polka in a few days, than have the most scientific college professor who would give them nauseous medicines, and tell them that their sickness was of a very grave nature.

Dr. Bluff was ushered into the room of the sick Mrs. Brown. The diagnosis and the fearful prognostications of poor Dr. Blank were turned to ridicule. There was nothing the matter with Mrs. B., only "a little stuffing" in the chest. He "would clear out those pipes in less than no time." Whiskey and milk and his white emulsion of ammoniacum was all that was necessary. In less than half an hour the vocabulary of banter and current slang was exhausted. The sick woman was a "daisy," a "blooming rose of Sharon," and a "gay old gal." She had not "got through her *sparking*" yet, and "if the present Mrs. Bluff should ever be taken off he would improve his opportunity," etc. As for dying,—"Fiddlesticks! she cannot die with *that* pulse." He would "have her out of that bed scrubbing the kitchen floor before a week."

It is needless to say that the Browns were all delighted with the assurance and the jocoseness of their new family physician, whose encouraging words rallied them to renewed efforts to prolong their parent's existence by often-repeated potions of whiskey and milk It is worthy of note, too, that the patient herself for a while felt the invigorating stimulus of a new hope. Although the final result was as Blank predicted, yet there always was a feeling on the part of the Browns that if Bluff had been called a little earlier the result would have been different.

The above is no imaginary picture. Dr. Blank and Dr. Bluff are the prototypes of many men who honor or dishonor our noble profession. The latter will generally be the most popular, if not the most succesful. We do not believe in *bluff*, but encouraging words and smiles are often of real therapeutic value.

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WHAT IS A CONSULTATION?

Dr. H. R. Hopkins, in the *New York Medical Journal*, says that although he is a new code man he accepts Dr. Squibb's statement of what constitutes a consultation under the meaning of the old code. Farther, he says that if this be the general accepted view of the code then the parties to the present controversy have been looking at opposite sides of the same shield

But we give Dr. Squibb's illustrations which contain the matter in a shape more readily grasped: " If a surgeon or other specialist be sent for by a patient or by an irregular physician and treats any special case by his own skill and principles of judgment—no matter whether the irregular continues to see the patient or not—is that a consultation? Certainly not, for there is no council held, and no violation of principle, but on the other hand, there is a triumph of principle against which want of principle cannot long stand, for honesty and truth and justice and humanity all underlie and support such action, and therefore the old code supports it. Is a practitioner when summoned, whether in emergency or not, to stop to inquire who he is to meet at the bedside in order to avoid heterogeneous consultations, as if he were mortally afraid of them? Certainly not, since even the meeting with irregulars does not constitute a consultation with them; and if he meets them and does his best for his patient, without admitting professional fellowship, and without holding council, or permitting the appearance of holding council, and holding out to the patient a free choice as to whom he will choose to conduct his case, and stating the plain reason why he cannot have both, there is no consultation and no conflict with the old codes of ethics. If a physician be sent for to meet one or more irregular practitioners in consultation upon a difficult or critical case must he decline the meeting? Certainly not. He may go. And perhaps if his sense of moral rectitude and justice be very high, he may decide that he must go. But he will most certainly decline consultation when he gets to the meeting. He will make clear his readiness to see the patient if that be desired, and to do the very best he can for him; but he will distinctly decline to do it jointly with those whose avowed or tacit principles of action are so antagonistic to his that only one side can be right. If the patient or his friends insist in the name of humanity, and for the sake of a beloved child or relative that he should remain in joint management and assist by his counsel and experience, is he then justified in such consultation? No; for if he cannot make the patient and friends understand that the presence of either the regular or the irregular practitioner must in the nature of cause and effect be detrimental to the interests of the patient, then he must withdraw by force of his own principles of probity and honor, and submit to popular adverse criticisms, and even newspaper misconstruction and abuse if need be. But first he will earnestly strive to convince the patient that either course of treatment is surely better for him than any admixture of incompatibles. If at the request of a patient or his friends a regular practitioner takes charge of a case, and an irregular practitioner is by the family retained in attendance, even if visiting the patient at the same hours, or present at the treatment, is this a consultation? Not if there be no holding of council to deliberate upon the case, no acknowledgement of a joint responsibility, no admission to professional fellowship and equality, nor any admixture of treatment. The irregular is not then a consultant but a spectator, or may be even a nurse.

" The line is not difficult to draw in any of these cases, and although it will not be exactly the same line as drawn by different individuals under different circumstances, yet it will always be coincident in effect if drawn in obedience to the plain rules of honor and honesty and the plain meaning of words. And if it be carefully drawn with that unselfishness which first thinks of the feelings of others, it will always be done with politeness and courtesy."

The writer of these positions states that such is his own personal view of the matter. It strikes us that his view will be that of the mass of those who support the old code. Liberality, humanity and honesty are its simple planks. Those who desire to abide by these will find them quite fully and plainly delineated in the old code, if only they look for the truth.—*Detroit Lancet.*

* * *

GONORRHŒA EASILY CURED.—Dr. Z. T. Dellenbaugh *(Coll. and Clin. Record)*, says I have for eight or ten years, used carbonate of lithia to alkalinize the urine; and find the five-grain compressed tablets, one taken three times daily, very convenient, fulfilling every indication better than any other salt. I now rarely find it necessary to give any other remedy internally.

Should the case fail to respond to the following injection, and not show marked improvement in two or three days, two sandal-wood oil capsules may be given, three times daily, for three or four days. The injection I have used in cases of acute and sub-acute gonorrhœa for more than a year, with the most gratifying results, especially to the patients, who have recovered in from two to seven days, and paid me from one to three visits, is the following: ℞. Resorcin, ʒ j; acid. boracic, gr. xx; zinci acetatis, gr. ¼—½; aquæ destillat., f. ℥ iv. M. Of this solution, two teaspoonfuls are injected three times daily. The germicides, resorcine and and boracic acid, are so slightly astringent, that it requires the additional zinc salt to restore capillary tonicity. This injection is quite or nearly painless.

In the treatment of the latter stage of sub-acute and chronic gonorrhœa, without stricture or granuloma as a complicting factor, I have had the happiest results follow the use of the following injection: ℞—Hydrargyri chloride corrosive, gr. ¼–ss; zinci chloridi, gr. ss–j; aquæ destillat., f ℥ viij. M. Sig.—A tablespoonful to be injected well down into the urethra, three times daily. Corrosive sublimate injections are by no means a recent addition to the list. The rationale of their use, however, is recent. As in the injection for acute cases, the germicidal constituent must be so sparingly used (otherwise it produces great pain and reactive inflammation), that I find it very advisable to combine a more astringent salt; and the chloride of zinc is the one I have selected, for obvious reasons. Without doubt, a mild injection of corrosive sublimate and chloride of zinc is destined to be *the* injection for sub-acute and chronic gonorrhœa.

Scraping vs. Scarification in Lupus.—In a paper read in the Section of Surgery at the annual meeting of the British Medical Association in Liverpool, August, 1883, Mr. Morris speaks highly in favor of free erosion by means of a blunt spoon. He remarks, "The plan I adopted was, with a few minor modifications, identical with that originated by Volkmann in 1870. With a large spoon all scabs are thoroughly removed, and with them the great bulk of the superficial desposit, and after drying the surface the minute nodules, which are deeply lodged in pockets of the corium, are dug out with smaller and pointed scoops. The margins are also vigorously scraped. The spoon should be applied till the whole of the soft friable lupus-tissue has been removed and only the firm resistance of the sound part is met with. Though the greater portion of the disease may be removed at one operation, some of the smaller deep-seated nodules which have escaped will reappear in the scar, and require subsequent treatment. After the healing of the wound produced by the operation a scar with more or less loss of substance is left."

In comparing scraping and scarification, he observed that though the former has the advantage of rapidity, in the character of its scar it is much inferior to the latter. Scraping is, after all, a destructive method, similar to, though milder than, the older forms of treatment, as it mechanically removes the diseased material, whereas scarification is essentially conservative in its action. The incisions, by cutting off the blood-supply, modify the nutrition of the growth, and lead to its atrophy with a minimum loss of substance. In addition, in the severe forms of lupus exedens, in which scraping fails, or even aggravates, scarification acts most rapidly and completely. A further though minor advantage is that scraping, on account of the pain, requires an anæsthetic, which can be dispensed with in scarification.—*British Medical Journal.*

Ipecac. in Indigestion.—"A century of experience tells of the utility of ipecacuanha in indigestion. It was a constituent of the dinner pill of the last century. Not only does it stimulate the liver, and so be useful in cases of indigestion where there is either bile acids formed in excess or lithates present (that is, the peptones which find their way into the portal vein from the intestinal canal, and which, converted into proteids, and elaborated into the albumen of the liquor sanguinis by the liver normally, are transformed instead into the bile acids or urates: the patient loses flesh, and on a flesh dietary only makes more bile or more lithates without gaining weight), but ipecacuanha is a 'pepsin persuader' from its action on the gastric lining membrane with its multitudinous glands and follicles. Ipecacuanha combines properties. indeed, as does no other agent, in my opinion. Then there is often atony, either general or in the bowel, and for this strychnia is an admirable remedy. Perhaps, too, flatulence, for which a carminative is indicated. Then there is the vehicle, which may or may not be a laxative, according to the case. The pill would stand then somewhat as follows: ℞. strychniæ, gr. 1-20; pulv. ipecacuanha, gr. 2-2: pulv. piper. nig. gr. iss; ext. gentian, gr. i.".—*Fothergill.*

Successful Medical Journalism.—Dr. H. V. Sweringen, in the *Indiana Medical Journal* says: "The journal which exercises the greatest acumen in the selection for publication of the more everyday practical points interspersed with occasional recreative collaterals, has caught the spirit and genius of successful medical journalism." "The reader is much more interested in the treatment of the disease than he is in its history, etiology and pathology, notwithstanding the fact that the success of the former is more or less dependent upon some knowledge of the latter." "I doubt whether three-fourths of the long drawn out papers which are published in our various medical periodicals receive more than a mere passing glance, no matter what may be their merit."

Hæmoptysis.—Dr. Brown (*Med. Brief*), says: Of drugs, ergot seems to be the most powerful in checking hæmoptysis. Thus the extractum ergotæ fluidum may be given in doses of a teaspoonful every teen minutes, until the hemorrhage is stopped, and then continued in smaller doses, or it may be given by hypodermic injection, in doses of fifteen drops, or ergotine may be used. If the stomach is irritable, ergotine may be given per rectum. Sometimes ergot will have no appreciable effect. Under such circumstances I think that gallic acid is the next best remedy. I frequently combine it with sulphuric acid, which makes a more efficient and pleasant mixture: R. Acidi gallici, ʒ ij; acidi sulphurici aromat., ʒ j; glycerinæ, ℥ j; aquæ, q. s. ut. ft., ℥ vj. M. Sig.—A tablespoonful, as required. This is to be given every half hour or at shorter intervals, until the hemorrhage is brought under control. This, I think, ranks next to ergot, and where the stomach refuses ergot, or where ergot produces no effect, I usually resort to this combination.

WHEN NOT TO GIVE CHLOROFORM IN PARTURITION.—In a paper read by Dr. Savill before the East Surrey District of the Southeastern Branch of the Medical Association, he lays down the following rules to be observed in not giving chloroform during labor:

1. Never give it to a woman who has a tendency to flood during every confinement, or to those who have great relaxation of fibre—or weak, anæmic women in their eighth or tenth confinement, except for necessity.

2. Do not give it where labor is complicated with severe vomiting, or with acute heart or lung trouble, unless there be an imperative demand for it.

3 It should not be given to complete anæsthesia, except for operations, convulsions, or spasms of the cervix, and then one person should devote his entire attention to it.

4 The inhalation should be stopped directly the pulse becomes weak or the respiration irregular.

5 Do not give it if there be grounds to fear a fatty or enfeebled cardiac wall.

6 In all cases where it has been given, there should be extra care to prevent post-partum hemorrhage.—*The Obstetric Gazette.*

SALICYLIC OINTMENT FOR ECZEMA.—In eczema of the scalp in children, Dr. Lassar (*Monatshefte fur praktische Dermatologie*, 1883, No. 4) recommends, after cleaning the surface,—

R Acid. salicylic., 1 g.;
Tinct. benzoini, 2 g.;
Ung. petrolei, 50 g. M.;

to be employed two or three times a day.

In eczema of the non-hairy portions he employs,—

R Acid. salicylic., 2 g.;
Ung. petrolei, 50 g.;
Zinci oxidi,
Amyli, *aa* 25 g. M.

This paste is absolutely unirritating, and besides, has the advantage that it does not retain the exudation upon the skin, but allows it to escape through it.—*Centralblatt für Chirurgie, Med. Times.*

DR. BARKER, of New York, believes, (*American Journal of Obstetrics*, October, '83,) that mechanical obstruction as a cause of dysmenorrhœa exists in only a small percentage of cases; that there are two forms of the disease, one uterine and the other ovarian. In the uterine variety there are cases which do not depend at all upon obstruction, the pain is due to the effort of the uterus to relieve the plethora by the rupture of capillaries and exfoliations of mucous membrane. He uses the lactate of iron in doses of from three to five grains three times a day, associated with chlorate of potash; as soon as the symptoms of menstruation begin he gives apiol, which he looks upon almost in the light of a specific. In ovarian dysmenorrhœa there is no pain until the flow has continued for two or three days; when the cause was ovarian, the bromide of sodium in ten to fifteen grain doses in the middle of the forenoon, in the middle of the afternoon and at bed time, was the proper treatment.—*Weekly Medical Review.*

IN reference to menstruation after extirpation of the ovaries, the following professional opinions have been lately given (*American Journal of Obstetrics*, October, 1883): Dr. Campbell, of Georgia, does not deny the influence of habit, periodical plethora, the ovaries and the Fallopian tubes, but he thinks there is a certain endowment of the nervous system. Dr. Goodell puts it that there is an irritation of the nervous bulb. Dr. Emmet had a case in which both ovaries were removed together with the Fallopian tubes, and yet there had been a regular menstruation thirteen times. Dr. Thomas said, as a rule, if the ovaries are removed, menstruation is the exception. If it occurred, it was due to a metrostaxis. The only benefit of Tait's operation, over Battey's, was that all the ovarian tissue was more likely to be removed. Dr. Byford believes that in many cases some of the ovarian tissue was apt to be left, that it is difficult to remove all of said tissue.—*Weekly Medical Review.*

DR. J. M. DA COSTA has been testing the therapeutic value of the salts of nickel. The sulphate proved of some value in obstinate diarrhœa. The bromide, however, is the most valuable of all, and will probably take a permanent place in the materia medica. Its action is similar to the other bromides, but a much smaller dose suffices. Five to seven and a half grains is an average dose, and ten grains is a decided one. It relieves congestive forms of headache and quiets the system generally. In epilepsy it does quite as well as other bromides, but, as above mentioned, a much smaller dose suffices.—*Med. World.*

IODIDE OF POTASSIUM IN FRONTAL HEADACHE.—Dr. Haley, in *Australian Medical Journal*, claims that minimum doses of iodide of potassium is of great service in frontal headache. A two-grain dose dissolved in half a wineglass of water will often cure a dull headache which is situated over the eyebrow. The action of the drug is quite rapid.—*Medical Summary.*

THE ETHER SPRAY AS AN IMMEDIATE CURE FOR NEURALGIA.—In the *Philadelphia Medical Times*, February 10, 1883, Dr. McColgann highly endorses the ether or rhigolene spray for the immediate relief of neuralgia, especially of the portio dura of the 7th. He first tested its efficacy upon himself, with excellent results, and subsequently used the application in a series of twenty cases, with remarkable success. In many cases a permanent cure resulted. He explains its action by supposing that a complete alteration in the nutrition of the affected nerve occurs, in consequence of the intense cold acting as a revulsive."

TREATMENT OF EMPYEMA OF THE PLEURA. By Courvoisier —1. Every empyema, like an abscess, should be opened early.

2. For this, (a puncture with aspirator and washing out) only in very acute cases. In chronic cases, puncture is used only for diagnostic and palliative purposes

3. Intercostal incision is applicable only in acute and simple cases.

4. Resection of one or two ribs is indicated in all chronic and complicated cases, with a tendency to slow healing.

5. The multiple, non-subperiosteal resection of ribs is always used in chronic, hard-walled empyemas. — (*Corresp-bl-Schweizer Aertze.—St. Louis Med. and Surg. Jour.*)

NEW DIAGNOSTIC SYMPTOM OF PREGNANCY.—Prof. Osterich, in a lecture before the Society für Natur-and Heilkunde in Dresden, stated that the earliest, never-failing symptom of pregnancy is the *vaginal pulse.* It is found to the right, left and in the middle of the cervix. In healthy, non-pregnant women, it can only be felt when in a state of orgasm, but then all other symptoms of pregnancy are wanting. The lecturer never found the vaginal pulse wanting in pregnancy. Dr Grouser confirmed the statement, as being the result of his own experience.

LOCOMOTOR ATAXIA AND SYPHILIS. So much has been said from time to time as to the causative relation between syphilis and locomotor ataxia, that it is well to look at the views on the subject. (*'Ied. and Surg. Rep.*) There are many who ho that syphilis is a very common cause of locomot ataxia. We now learn that French opinion is vided on the subject; in Germany the weight opinion is in favor of a relationship, and in En land the same view is gaining ground.—*Lou. M News.*

IRREGULAR HEART ACTION.—Dr. Bowdit (*Boston Med. and Surg. Journal*) highly prais the following:

R Pulv. digitalis,.................gr. x;
Pulv. colchici sem.,. ....gr. xx;
Sodii bicarbonatis,..........gr. xxx.
M. et div. in pil. No. 20.

One to be taken three or four times daily at firs subsequently to be reduced until only one is tak at bedtime; the treatment to be continued for fro three to nine months. He has used it for twent five years, and has found it to relieve even the mo serious cardiac affections.

FLATULENCE.—In flatulence, Dr. Bruen (Phil Hosp.) prescribes a pill containing five grains bicarbonate of soda and five drops of oil of euc lyptus two hours after meals. Pepsin or pancreat with milk food and the mineral acids with mea should be directed to be taken immediately aft meals.—*Exchange.*

A LINIMENT FOR RHEUMATISM.—The *Quarter Therapeutic Review* says methyl salicylate (oil wintergreen) mixed with an equal quantity of oli oil or linimentum saponis, applied externally inflamed joints affected by acute rheumatis affords instant relief, and, having a pleasant odo its use is very agreeable.

IN FRANCE, children are kept from school for days after having had small pox, measles, or sca latina. For mumps and varicella the duration 25 days. For diphtheria, 40 days, whether t attack is light or severe. Finally, before they c join their companions, their clothing must be di infected, and they must take one or two baths wi soap.

"WELL," remarked a young M. D., "I suppo the next thing will be to hunt out a good situatio and then wait for something to do, like Patien on a monument." "Yes," said a bystander, "a it won't be long after you do begin before t monument will be on patients.—*Phil. Med. a Surg. Reporter.*

Dr. Flint has recently tried oil of wintergree in rheumatism in Bellevue Hospital. He giv ten drops several times a day in flax-seed tea milk. The results have been better than wi salicylic acid.—*Exchange.*

THE CANADA LANCET.

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THE PAST YEAR.

We are again upon the threshold of another new year, and as has always been our custom at this season we propose to take a retrospective glance at the work done during the year that has now come to a close. The labor of even a partial and incomplete review, as ours must necessarily be, of the events which have transpired in the medical world in this short space of time, is of no ordinary character, and we would gladly forego the task were it not that such a resumè, however imperfect and incomplete it may be, cannot fail to be of interest to most, if not all, of our readers, provided the references partake of a practical character. The progress of medicine is necessarily slow and sometimes even discouraging, yet the watchword is ever onward and upward. Many problems in the etiology, pathology and therapeutics of disease remain unsolved, and will no doubt require for their elucidation the combined labors of scientific observers the world over for many years to come. The investigations of scientists demand much sacrifice of time, and great patience and perseverance under difficulties, but the elucidation of truth brings its own reward—the highest of all distinctions, and the consciousness of a life not spent in vain. With the aid of instruments of precision much has been accomplished in minute investigation, which, a few years ago, would have been considered almost, if not quite, impossible. We have therefore much to be hopeful for, and much that is encouraging.

The subject of state medicine has received increased attention by the profession and the public both at home and abroad, during the past year. The Federal Government of the Dominion has given its attention to the subject, at the instance of the Canada Medical Association, and a liberal grant has been voted to give the scheme adopted a fair start. The collection of statistics in the large cities is but the inauguration of a larger measure of sanitary reform, which will prove of inestimable value to the people of this country. If the probable success of an undertaking may be measured by the activity displayed by those who are concerned in its promotion, then we have reason to be hopeful as to the future of this great question of sanitary reform. The large and influential deputations to Ottawa, and the meetings of sanitary organizations and the work accomplished, tend to show the interest that has been awakened on this subject and its probable result in the near future.

In medicine and therapeutics much valuable work has been accomplished, new ideas have taken the place of old and crude notions, and the curative action of remedies has been more accurately investigated and determined. The space at our disposal will not permit of a very extensive review of the many points of interest in this connection which might be alluded to, but we will notice a few that press themselves upon our attention. Dr. Sidney Ringer, (*Brit. Med. Journal*), referring to the dangers of bromide of potassium, chloral hydrate and opium in adynamic states, suggests the substitution of bromide of sodium in such cases as being less injurious, the sodium salts being only slightly inhibitory of the heart's action, whereas the potassium salts are ten times as active. This would seem to point clearly to the advantages of bromide of sodium as a hypnotic, and indeed as a substitute for bromide of potassium in very many cases. The bromide of sodium has also been highly extolled in the treatment of migraine, by Dr. Morton (*Med. Gazette*, July 21, '83). Drachm doses are to be given at the onset and repeated in an hour if the attack does not cease. Cod-liver oil and iron may be given in conjunction with the bromide. Nitrite of amyl and nitro-glycerine have also been used in the treatment of this and other allied affections. The latter is given in one to five drop doses of a one-per-cent. solution, three times a day. The etiology of erysipelas has received considerable attention during the past year from Dr. Fehleisen, of Berlin, and his treatise on the subject may be regarded as another step in the perfection of our knowledge of the disease. Fehleisen succeeded in isolating the erysipelas micrococci and in propagating them by culture, and inoculating rabbits with these artificial cultured fluids, producing a disease absolutely identical with erysipelas. Hospital patients were also inoculated with like results. He then turned his attention to the therapeutics of the disease. The two agents tried were those used for the dressing of wounds in Bergmann's clinic, a one-per-cent. solution of corrosive sublimate and a three-per-cent. solution of carbolic acid. The former destroyed the disease germs after an exposure of ten to fifteen seconds, while the latter required about forty five seconds. In Bergmann's clinic where these antiseptics are used, only two cases of erysipelas occurred during a period of four and a half years. The collective investigation committee of the British Medical Association have presented a provisional report on the pathology of pneumonia, based on an analysis of 350 cases. The report is opposed to the doctrine that pneumonia is a specific fever, whose chief local manifestation is in the lung. It confers no protection upon the individual, but rather the reverse. It has no direct association with specific or conveyable disease, and its near alliance with tonsillitis is in striking contrast with its rarity in diphtheria. Its occurrence as an epidemic may be partly explained by atmospheric conditions, and partly by other agencies prejudicial to health. The report calls attention to the immunity from fatal pneumonia enjoyed by total abstainers, and the great fatality among the intemperate. It also emphasizes the dangers of high temperature in pneumonia, which suggests careful attention to the use of the thermometer, and the means of lowering the temperature in the treatment of this disease. It is now pretty well known that the tendency to death is by failure of the heart, and the effect of high temperature on its muscular wall cannot but be highly injurious. The committee hopes to obtain a *thousand* cases on which to base a complete report, and we trust the members of the Association and others will aid in the work, by filling up the cards sent them. Dr. Dinaud (*L'Union Medicale,* July 19, '83) has brought prominently under the notice of the profession the use of perchloride of iron, not only diphtheria, but also in typhoid fever. In the fo mer disease he regards it as almost a specific, a although he does not so regard it in typhoid, h believes it to be of great efficacy. The iron shou he commenced at the beginning of the secon week and continued until convalescence. In th *Brit. Med. Journal,* Dr. Hare makes a stron plea for the restoration of "good remedies out fashion"—emetics and bleeding. He referred the value of emetics in the early stage of croup, the removal of false membranes in diphtheria, an in the relief of attacks of suffocative bronchiti in all of which he had no doubt of their exceedin great value. With regard to blood-letting, he r ferred to its great advantage in engorgement the right side of the heart, from whatever caus and strengthened his position by referring to cas in illustration. In connection with the subject bleeding, mention may be made of a novel metho employed by Mr. Coppinger (*Brit. Med. Journa* Sept. 15, '83) for abstracting blood. The need of the aspirator was inserted into the jugular vei of a patient suffering from an overloaded vascula system, and four ounces of blood withdrawn. Th operation being entirely satisfactory, the surgeo repeated it in the course of half an hour, removin six ounces more. The patient was greatly ben fited and no bad results followed the procedur Dr. Willcocks, of Charing Cross Hospital, Londo Eng., contributes an interesting article on th pathology of anæmia and chlorosis and their trea ment by iron and arsenic. The value of thes remedies combined, in well selected cases, ha been endorsed by many different observers. I the treatment of whooping-cough, Dr. Webb (*Am Practitioner)* speaks very highly of croton-chlora He gives it in grain doses to children one yea old, and increases it to two grains for children te years of age. The first few doses may cause irr tation about the throat, but this soon passes away The relief is so marked in some cases that patient fall asleep in their chairs. The therapeutic valu of the salts of nickel have been investigated b Dr. DaCosta, of Philadelphia. The chlorid bromide, acetate, sulphate, and phosphate wer the salts tested, and of these the sulphate and bro mide proved the most useful. In obstinate diar rhœa excellent results were obtained from one t two-grain doses of the sulphate four times a day

In one such case, associated with valvular disease of the heart, it succeeded after other remedies failed. The tonic effect so much spoken of was not marked. It is slightly sedative and anodyne, and was found serviceable in chronic catarrh of the stomach. The bromide was found to allay headache, convulsive movements, and to act satisfactorily as a sedative to the nervous system. In epilepsy it acted quite as well as any of the bromides, and in one instance it succeeded after the others had failed to afford any relief. It lowers the temperature and reduces the pulse slightly. The dose is five to ten grains, a smaller one than that of the bromides generally being sufficient to produce the desired effect. The value of rhus toxicodendron as a remedy of the greatest certainty in rheumatism, has been brought to the notice of the profession by Dr. Gifford, of Indiana. He prefers the freshly prepared alcoholic extract, which he gives in small doses night and morning. Among the remedies for sea-sickness proposed from time to time, may be mentioned the hypodermic injection of from ⅓ to ½ a grain of acetate of morphine, which Mr. Vincent, of the Cunard Royal mail service, claims is by far the most useful of all remedial measures. The use of napthol in the cure of scabies, has received special attention from Dr. Harlinger, of Philadelphia, (*Am. Jour. Med. Sciences*) who speaks of it as the most efficient and agreeable remedy for scabies, yet brought forward. It was first introduced to the profession two years ago, by Prof. Kaposi, of Vienna. It is useful also in a certain number of skin affections, such as squamous eczema of the scalp, psoriasis, and seborrhœa. A substitute for morphine has been discovered in a leguminous plant called piscidia erythrina, which grows in the volcanic soil of Jamaica. It takes its name from its property of narcotizing fishes—a property taken advantage of by the natives. Its properties have been investigated by M. Landowsky (*Gaz. Hebdom*, August 31, '83). He used the alcoholic extract of the bark, the administration of which in 40 minim doses, was followed by a calm sleep of twelve hours. The advantages claimed for it are, that it does not cause headache, or malaise, and does not constipate. The latest method of treating sebaceous cysts, known as Vidal's method, consists in injecting from five to ten drops of ether into the sac. The point of the needle should be moved about after it has penetrated the tumor, so as to break up the sebaceous matter. This is to be repeated every second day until signs of inflammation appear. A puncture is then made at the base of the tumor and a small amount of pus escapes, followed by the sebaceous matter, after which the sac shrivels up and disappears. The use of caffein in heart disease, although in use by many physicians, has not become general in this country yet. Prof. Lepine (*Lyon Medicale*) urges its use in all cases where digitalis is found valuable. He thinks the dose should be larger than has heretofore been administered. He gives from ten to thirty grains in divided doses during the day. It is much better borne and is more active than digitalis. Some attention has been paid during the year to the administration of remedies by small and frequently repeated doses, and Dr. Smith, of Bellevue Hospital, published a very interesting article on this subject in the *N. Y. Med. Journal*. The result of his experience seems to point in the direction of the efficacy of small doses often repeated, and will no doubt lead to a further trial of this plan of treatment. Paraldehyde, the new hypnotic, has been made the subject of investigation. In physiological action it strongly resembles chloral. A dose of 40 grains produces quiet refreshing sleep for from four to seven hours. It strengthens the heart's action, gives rise to no unpleasant symptoms, and it is believed that it will to a large extent take the place of chloral. A new method has been brought to the notice of the profession for the treatment of obstinate granular conjunctivitis. It consists in the application of a lotion composed of infusion of jequirity seeds, which produces ophthalmia of a croupous nature, and rapidly cures the granulations. The intensity of the inflammation can be regulated by the strength and frequency of application of the infusion.

In the field of surgery, general and operative, much progress has been made, both in the matter of perfecting well known operative procedures and in the application of new methods. The method of treating floating kidney by "fixation" has been put into practice by Dr. Newman, of Glasgow. The kidney was cut down upon, external to the outer edge of the quadratus lumborum and the organ stitched to the margins of the wound, where it formed adhesions which held it in place. The case reported was quite successful. Dr. Weir also reports a similar case in the N. Y. *Med. Jour.* Dr. Polk, in the same issue, reports a case of nephrectomy for displaced kidney, which had caused the patient very great pain. The patient passed no urine after the operation, and died on the eleventh day. The post mortem revealed the fact that her *only* kidney had been removed. A new operation for spina bifida is reported by Dr. Mayo Robinson *(Brit. Med. Journal,* March 24, '83). The skin was dissected off and the redundant serous membrane removed. The edges of the serous membrane were then stitched together by silk sutures, and over the sac was placed a portion of periosteum from a living rabbit and the skin brought together. The result was successful. In the *Brit. Med. Journal* for August 18, '83, will be found an article by Dr. Southam, of Manchester, on the treatment of aneurism by the injection of fibrin-ferment. This substance is obtained from blood-serum by coagulating it with fifteen or twenty times its volume of strong alcohol and allowing the mixture to stand for two weeks. The coagulum is then dried, pulverized, and water added to double the original volume of the serum. It is then filtered, and the filtered solution contains the fibrin-ferment. In the case under treatment, one drachm of the fibrin-ferment was injected into the sac, pressure having been first applied above and below the aneurism and continued thirty minutes. The case was not wholly successful, but Dr. Southam suggests that in a similar case it would be well to inject a larger quantity of the ferment and to keep up the pressure for a longer period. A new method of excising the ankle-joint has been devised by Prof. Busch *(Med. Wochenschrift),* in which the joint is opened without dividing a single tendon. An incision is made from one malleolus to the other, passing under the foot instead of over the dorsum. On the sides the skin only is divided, but beneath, the incision extends to the bone. The os calcis is then sawn through from below upwards, the foot strongly flexed and the diseased bones removed. Several successful cases of amputation at the hip by Furneaux Jordan's method, which consists in dissecting out the thigh bone by a vertical incision and making a circular amputation through the soft parts, some distance down. Drs. McLaren and Marshall *(Brit. Med. Journal)* each report four cases, and Mr. Shuter *(Clin. Society,* Lond.) reports a case of sub-periosteal amputation at the hip by Jordan's method, in which new bone was formed in the stump. A case of total excision of the sternum, for the removal of a sarcomatous tumor, is reported by Prof. Kœnig, *All. Wien. Med. Zeit. (Am. Jour. Med. Sciences).* The left pleura and pericardium were opened during the operation, yet the patient made a good recovery. Dr. Savory (Lond. *Lancet)* describes a modification of Syme's amputation at the ankle-joint, which consists in opening the joint from the front, after making the preliminary incisions, and dissecting out the os calcis from above downwards, thus escaping the only difficulty in Syme's operation, viz., turning back the heel flap over the os calcis. Dr. Walker *(Brit. Med. Journal)* by a mere accident discovered the value of liquor ergotæ in the radical cure of hydrocele. He injected the liquor ergotæ (Battey's) in mistake for tincture of iodine and cured his patient. Since then he has used the remedy several times, with like success. The use of carbolic acid, as recommended by Dr. Levis, of Philadelphia, has also been advocated by several surgeons. Dr. Jonah, of Eastport, Me., has an article in the present issue on this method of treatment. Dr. R. J. Hall, of New York, has also cured five or six cases by the injection of half a drachm of the acid, and prefers it to iodine. Some attention has been paid to Wheelhouse's operation of suturing nerves in wounds, and many successful cases are reported, even after some time had elapsed. Mr. T. Holmes successfully sutured the musculo-spiral nerve five months after it had been severed. He cut down through the cicatrix, and seizing the divided ends, brought them together by catgut and fine silk sutures. Sensation and motion, which had been lost in the parts supplied by this nerve, were in great measure restored. Others have had equally favorable results, in both primary suture in recent wounds, and secondary suturing. A case of ligature of the innominate artery, for aneurism of the subclavian, was reported by Mr. Thomson, of Dublin, which appeared for a time to prove successful, but the patient died on the forty-second day, from secondary hæmorrhage. Kelly's method of reducing dislocations has justly attracted considerable attention. A full description, with illustrations, will be found in our January, '83, issue, and also in the present number. Dr. Wyeth, of New York (N. Y. *Med. Journal),* recently performed Humphrey's operation, as described in Holmes' surgery, in amputation of the penis. After removing the organ the scrotum was transfixed, the urethra dissected out an inch and a half back and brought out in the perineum. The end was then split and stitched to the sides of the incision in the perineum. The scrotum was carried up and stitched to the integument of the pubes, covering in the stump of the penis. A new dressing for wounds, termed "wood-wool," has been introduced by Prof. Bruns (*Klin. Woch.*, 20). Pine wood shavings are reduced to a state of fine division, by being rubbed through a wire sieve, after which they are dyed and impregnated with antiseptic substances. The advantages claimed for wood-wool are that it is soft, pliable and elastic, and has extraordinary power of absorbing fluids, greatly superior in this respect to any known dressing. Quite recently, Prof. Lister has reported several cases of transverse fracture of the patella successfully treated by wiring the fragments together and inserting a drainage tube at the lower and outer part of the knee-joint. In the discussion that followed the reading of his paper, it was maintained that although this treatment was successful in Lister's hands, it would not be safe practice as a general rule. Dr. Davy, of the Westminster Hospital, has also been experimenting on the knee-joint, by way of devising a new method of resection, which he calls "tibio-femoral impaction." He forms a sort of tenon on the end of the femur, which he fits into a mortice cut in the head of the tibia. Osseous anchylosis is more rapidly obtained by this process. The immediate treatment of fractures by plaster of Paris splints has attracted some attention. Christopher Heath has given the weight of his testimony in its favor, in a paper read at the last meeting of the Brit. Med. Association. Other good authorities also bear testimony to its value in suitable cases.

Estlander's operation of excision of the ribs in a case of chronic empyema has been recently performed in the Toronto General Hospital, by Prof. Fulton, of Trinity Medical College. A portion of the 8th and 9th ribs, three inches in length, was removed, in order on the one hand, to make a larger opening for the escape of pus, and on the other, to allow of the retrocession of the chest wall at that point. The patient did well, and complete recovery is confidently anticipated. Some further attention has been given to the important subject of anæsthetics. M. Guillot (*Progrès Medical*) gives some points in his experience of the various anæsthetic mixtures. He obtained, as many others have, good results from the a.c.e. mixture, viz., alcohol, 1 part; chloroform, 2 parts, and ether, 3 parts (a.c.e.=1, 2, 3). Subsequently he experimented with a mixture proposed by Lennox Browne, consisting of one part alcohol and two of chloroform. This he found more rapid and satisfactory than the a.c.e. mixture. In order to make the mixture more agreeable, eau de cologne was substituted for alcohol. This combination is called "chloractherine."

In the domain of obstetrics and gynæcology much good work has been accomplished, and the success has been most encouraging. Lawson Tait's operation for the removal of the ovaries and Fallopian tubes has been three times successfully performed in Canada during the past year, twice by Dr. Trenholme, and once by Dr. Gardner of Montreal. Antiseptic precautions were used in all three cases, and the patients recovered without a bad symptom. The operation has also been performed by Dr. Thomas and others with successful results. The latter, who has performed it in three cases, speaks of it, however, as sometimes a very difficult and dangerous operation, by reason of the adhesions from repeated inflammations, and the quantity of inflammatory lymph by which they are sometimes surrounded. Dr. Barret, of St. Louis, (*Courier of Medicine*) proposes a new method for the treatment of laceration of the perineum. He stitches the mucous membrane of the vagina together from above downwards, and then the integument along the raphe, using no deep stitches whatever. The stitches are inserted very closely, so as to prevent any of the discharges from entering the wound. A new operation for the reduction of chronic inversion of the uterus has been performed by Dr. Brown, of Baltimore (*N. Y. Med. Journal*). It consisted in drawing down the inverted uterus as far as possible, making an incision one inch and a half in length through the posterior wall, then introducing a Sims' dilator into the cervix, and dilating it to the fullest extent. The incision in the uterus was then closed with carbolized silk-worm gut, and the fundus replaced through the dilated cervix. The patient made an excellent and rapid recovery. Solutions of corrosive sublimate, as in general surgery, are coming into use in in antiseptic midwifery, and are found to be much more efficacious in destroying bacteria than carbolic acid. The strength used is one to one thousand parts. A feeling is setting in in certain quarters against the Porro operation as a substitute for Cæsarian section. Dr. Garrigues, of New York, (*Am. Jour. Obstet.*) says if the latter operation is done with antiseptic precautions, and the uterine wound properly sutured, the result will be as good as in the Porro operation, while it does not destroy the power of procreation. He gives in minute detail the operation and after treatment of Cæsarian section. The use of iodoform in laceration of the perineum and vagina, is the subject of an interesting article by Prof. Behm, of Berlin, (*Ziet. f. Geb. &c.*) He recommends that the wound be well dried and dusted over with iodoform before and after applying the sutures, and the surface painted with iodoform collodion. The iodoform treatment of wounds has been extensively practised in Berlin for the past year or two. The treatment of post-partum hemorrhage and secondary hemorrhage after pelvic operations by the use of hot water injections, has received renewed attention. Dr. Albert Smith read a paper on this subject at the American Gynecological Society Philadelphia, in which he strongly advocated its use in these cases. When there was a tendency to post-partum hemorrhage, he advised its use immediately after the expulsion of the placenta. Dr. Goodell corroborated Dr. Smith's views, but for open wounds he said he preferred vinegar—for post-partum hemorrhage hot vinegar. Considerable discussion has taken place during the year on the best treatment of uterine fibroids. Some German authorities hold to the opinion which is endorsed by many, that only fibroids of the os and cervix, and the submucous and intraparietal, which have, by their growth, dilated the cervix, should be removed through the vagina, and that all others should either be left to medical treatment only, or be removed by laparotomy. Dr. Knowsley Thornton has operated several times for the removal of uterine fibroids and with good results except in the intra-mural forms in which all his patients (3) died. In the subperitoneal forms he removes them by laparotomy and secures the pedicle with silk ligature. In the submucous forms he treats by rapid dilatation of the cervix and immediate enucleation preceded and followed by antiseptic irrigation. Prof. Temple, of Trinity Medical College, recently removed a large submucous uterine fibroid by enucleation, and the patient made a rapid recovery. The treatment of abortion is another subject which has been much discussed during the past year, some advising the immediate removal of the secundines, and others advocating non-interference except in urgent cases. Dr. Mundé, of New York (*Am. Jour. Obstet.*) strongly urges the immediate removal in all cases, by the finger or curette, and Dr. Alloway, of Montreal, also advocates the same plan in order to avoid the danger of hemorrhage on the one hand and septicæmia on the other. Prof. Spōndly, of Zurich, (*Zeit. f. Geburt*), in a recent paper on the subject, recommends active interference in abortion. In the present issue will be found a short paper by Dr. Carson, of this city, in which the opposite course is advocated. A great many will endorse the idea that the true line of practice lies between the two extremes. Dr. Paladini, (*Gaz. Med. Ital.*) reports a case where he successfully performed hypodermic transfusion by means of a trocar and canula with an ordinary syringe. He injected about six ozs. of blood into the *subcutaneous* tissue of the abdomen, where the skin was lax. The blood was readily absorbed and no pain or inconvenience was caused. The administration of sodium salicylate to the extent of one drachm per day is strongly recommended by M. Vigar (*Glasgow Med. Jour.*) in the treatment of phlegmasia alba dolens. Under this treatment the temperature fell decidedly, the pulse became slower and the œdema diminished rapidly. The important subject of puerperal fever or "metria" as it is now proposed to call it, was ably discussed at the late meeting of the British Medical Association, by Drs. Thorburn, of Manchester, Atthill, and Moore Madden. Dr. Atthill referred to the two modes of infection viz., external sources of infection, and auto-inoculation from decomposing blood-clots and portions of placenta. The former is to be combatted by attention to antiseptic measures, and the latter by the administration of ergot, after labor. As a disinfecting material, solution of corrosive sublimate would seem to be the most certain in its effects.

The various medical associations which met during the year, were most satisfactory, both in point of numbers in attendance and interest manifested.

The Provincial Medical Associations in Ontario, New Brunswick and Nova Scotia, met as usual in the months of June and July, and were successful beyond that of former years. The Canada Medical Association met at Kingston in September, under the presidency of Dr. Mullin, of Hamilton, and was a most interesting and successful gathering. Many instructive and valuable papers, besides one or two on original research, were read and discussed. Dr. Sullivan was chosen president for 1884, and the next meeting was appointed to be held in Montreal, during the meeting of the British Science Association, which takes place on the 27th of August. The meeting of the American Medical Association was held in Cleveland, in the early part of June, under the presidency of Dr. John L. Atlee, of Lancaster, Pa., and was a very successful meeting. The Association decided, among other things, upon the establishment of a weekly Medical Journal instead of the usual volume of transactions, and Dr. N. S. Davis, of Chicago, was chosen editor. The journal has appeared every week since its establishment; but it can hardly be said fully to represent as it should, the highest interests of a body such as the American Medical Association. The action of the association in coercing every delegate to sign an acknowledgement of his adhesion to the "code" was an ill-advised proceeding, and one not likely soon to be repeated. Its effect was to produce a reaction which was most injurious to the cause it was intended to promote. Dr. Flint, Sr., of New York, was chosen President and Washington selected as the next place of meeting on the first Tuesday in May, 1884. The meeting of the British Medical Association took place in Liverpool in July and August under the presidency of Dr. Waters, and was as usual the largest medical gathering in any part of the world. The intellectual part of the proceedings was fully up to the average, and the social features were of the most hospitable and brilliant character. Dr. Cuming, of Belfast was elected president, and this place chosen as the next place of meeting.

As the outcome of the difficulty between the male and female medical students in the Kingston Medical College last winter, two medical colleges for females have been inaugurated, one in Kingston and the other in Toronto. That they can both be well sustained at present is entirely out of the question, and we hope shortly to see an amalgamation of the two institutions.

In the matter of bibliography, the following may be mentioned among some of the books which have appeared during the past year:—Electricity, Bartholow; Legal Medicine, Tidy; Rheumatism, Gout, etc. Longstreth; International Surgery, vols. II. and III., Ashhurst; Percussion Outlines, Cutter; Practice of Medicine, Palmer (Ann Arbor); Untoward Effect of Drugs, Lewin; Medical Diagnosis, Brown; Diseases of the Eye, Nettleship; Diseases of the Throat, Seiler; Histology, Satterthwaite; Chemical Analysis, Hoffman and Power; Diseases of Skin, Hyde; Gynæcology, Hart; Auscultation, Flint; Ready Reference, Dunglison; Insanity, Stearns; Fractures, Stimson; Diseases of the Eye, Wells; Anatomy, Gray; Pathology, Gilliam; Gout, etc., Fothergill; Surgery, vol. III., Agnew; U. S. Pharmacopœia; Diseases of the Male Sexual Organs, Gross; The Physician Himself, Cathell; Medical Essays, O. W. Holmes; Lectures on Fevers, Kippax; Pathological Anatomy, Ziegler; Pathology, Coats; Diseases of the Liver, Harley; Examination of Urine, Tyson; Materia Medica, Biddle; do., Bartholow; Hygiene, Parkes; Practice of Medicine, Aitken; Chemistry, Attfield; do., Bloxam; Urinary Organs, Thompson; Venereal Diseases, Bumstead and Taylor; Therapeutics, Ringer; Prescriptions (3,000), Beasley; Wounds, Gamgee; Physical Diagnosis, Bruen; Disease of the Ovaries, Tait; Index of Medicine, Carpenter; Therapeutics, Farquharson; Insanity, Buckham; Diseases of Rectum, Allingham; Sore Throat, Prosser James etc.

The following of our confrères in Canada go to swell the obituary list—Drs. J. Clarke, Oshawa; McG. Campbell, Sherbrooke, N.S.; J. Chamberlain, Frelighsburgh, Que.; J. S. Balmar, Parkhill; F. B. Going, St. Thomas; A. Moren, Halifax, N. S.; J. J. Clarke, Cape Sable, N S.; H. Kollmyer, Montreal, Que.; W. D. Ross, Pembina; G. E. Gascoigne, Brockville; J. A. Stevenson, London; J. A. Whyte, Montreal; B. H. Leprohon, Quebec; J. Woolverton, Grimsby; B. McIver, Pembroke; J. A. Hunter, Newcastle; R. Eustace, Canso, N. S.; A. Chisholm, Alexandria; W. Scott, Montreal; J. A. Sivewright, New Westminster, B.C.; W. Ruddick, St. Martins, N B.; E. Rosseau, Quebec; N. McGregor, Lucknow; E. Laberge, St. Philomene; H. Shaw, Kentville, N.S; C. East, Forest; J. B.

Campbell, Westfield, N.Y.; R. Ripley, Amherst, N. S.; T. A. Kidd, Carp.; P. May, Pine Orchard; J. A. Sewell, Quebec; S. A. Rogers, Mount Forest; De la Haye, Winnipeg; J. J. McIlhargy, Lucan; A. A. Riddel, Toronto; T. Beatty, Lambton Mills, J. Hughes, Toronto; H. E. Manwaring, St. George, Ont.; W. McGill, Oshawa; D. A. Johnston, Bridgewater; E. H. Trudel, Montreal, etc.

Among those abroad may be mentioned Paul Dubois, Pacini, Thuillier (a member of the Cholera Commission to Egypt), Geo. M. Beard (New York), George Fox (Philadelphia), Bischoff, Ranney (New York), Rand (Philadelphia), Surgeon General Barnes, Washington; VanBuren, New York; Rinecker, Wm. Farr, Von Bruns; — Mosher, Albany; Depaul; J. Marion Sims; Bence Jones; Hilton Fagge, and others.

There have been no serious epidemics at home or abroad during the year, if we may except the outbreak of cholera in Egypt. Yellow fever, which usually prevails to the south of us during hot weather, was of a milder type than in former years and did not spread as far north as is its wont in some seasons. But what with volcanic eruptions, earthquakes, and storms on sea and land there has been an appalling loss of life during the year, a loss which, from such causes far outstrips that of any former year in our recollection. The country has been very prosperous and free from those sudden calamities which, by an inscrutable providence, have been visited upon other nations. In conclusion, we wish our readers a happy new year, abundant prosperity, and the fullest enjoyment of their best desires.

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Infant Mortality in Ottawa.—The House of Bethlehem in Ottawa, under the charge of the Grey Nuns, is a home for the care of infants, the chief source of its inmates being a Lying-in-Hospital with which it is intimately connected. The official reports show the death-rate per annum to be above 88 per cent. of all admitted. A large mortality was known to occur, and the fact much commented upon by residents of the city, but no action was taken until the City Council was asked to grant a sum of money to cover the burial expenses. Before any aid was voted an investigation was ordered, and six physicians appointed to enquire into the worthiness of the charity. The report commends the individual efforts of the a tending physicians and sisters in charge, in the endeavors to attend to the wants of their littl patients. The situation of the building is not co sidered as favorable as it might be, but their co joint opinion is, that the blame must be laid t the system of dry-nursing. The two weeks of ma ternal nursing required by law they consider in sufficient, and advise that some other method o rearing the infants be adopted. In consequenc of this report, the Council has ordered the charit to be closed until it offers better means for pre serving the infants' lives. Should the warning b disregarded the attention of the Legislature wi be directed to the matter.

New Method of Excising the Knee-joint—Mr. Davy of the Westminster Hospital, London (*British Med. Journal, Oct. 20,*) describes a ne method of excising the knee-joint. It consist in removing a rectangular wedge from the femu and tibia. A mortice is then cut in the head o the tibia, into which the femur, shaped as a tenon is introduced, impacted and retained by pressur upon the foot. The limb is then placed in a swinging apparatus, where it is kept until recover takes place. The term applied to this procedur is tibio-femoral impaction. It is claimed as a advantage that this procedure effectually guard against displacement during the healing process.

Fracture of the Patella.—Prof. Lister rea a paper recently before the Medical Society o London, (*Lancet and British Med. Journal, Nov 3rd, '83,*) in which he mentions several cases o transverse fracture of the patella, successfully treate by wiring the fragments together. He makes a longitudinal incision down to the fragments; fresh ens the surface when of old standing, drills them obliquely so as not to encroach on the cartilaginous surface, and wires them together with stout silve wire. At the end of eight weeks the wire is re moved by an incision through the cicatrix. Osseous union was secured in every instance.

Marine Hospital and Quarantine Officers—We give below a list of medical officers attached to Marine Hospital, and Quarantine Stations in Canada:

Quebec Marine Hospital. — Dr. O. Robitaille, Commissioner; Dr. P. Wells, Sec.-Treas.; Drs. C

Lemieux, A. Rowand and N. E. Dionne, visiting Physicians; Dr. L. Catellier, resident Physician.

New Brunswick.—Bathurst, Dr. G. M. Duncan; John, Dr. L. B. Bostford and W. S. Harding; ramachi, Dr. J. Thompson; Richibucto, Dr. J. Doherty; St. Andrews, Dr. S. T. Gove; Sackville, Dr. L. B. Botsford.

Nova Scotia.—Arichat, Dr. V. A. Harel; Lunenburgh, Dr. S. Jacobs; Liverpool, Dr. H. G. Farish; North Sydney, Dr. H. B. McPherson; Port Mulgrave, Dr. P. A. McDonald; Pictou, Dr. J. Mc[illegible]; Yarmouth, Dr. A. M. Perrin; Sydney, Dr. D. McGillvary; Tracadie (Lazaretto), Dr. A. C. Smith.

Prince Edward's Island.—Charlottetown, Dr. F. Taylor; Souris, Dr. Ford.

British Columbia.—Victoria, Dr. J. C. Davie; Nanaimo, Dr. D. Cluness.

Quarantine Officers.—Grosse Isle, Dr. F. Montizambert; St. John, N. B., Dr. W. S. Harding; Halifax, N. S., Dr. W. N. Wickwire; Pictou, Dr. Kirkwood; Sydney, Dr. W. McKay McLeod; Charlottetown, P.E.I., Dr. W. H. Hobkirk.

A PLEASANT QUININE MIXTURE.—The following is claimed by Dr. Taylor, of Gridley, Ills., to be pleasant to the taste and readily taken by children:—

℞—Quiniæ Sulph.,	grs. xij.
Acidi Tannici,	grs. vj.
Sod. Bicarb.,	grs. x.
Ol. Gaultheriæ,	gtt. iij.
Syr. Simp.,	ad. ℥ iij.—M.

SIG.—A teaspoonful every four hours, followed by a draught of water.

Bismuth, ipecac., opium, podophyllin, or leptandrin, etc., may be added to the above when required. The formula for any strength of mixture is double the amount of quinine to tannic acid, and about three-fourths as much of sodium bicarbonate.

MUSIC BOXES.—We call the attention of those in search of a handsome and appropriate present to the advertisement, in another column, of C. Gautschi & Co., Philadelphia. They have on exhibition, at their sales rooms, the finest and largest display of these beautiful Swiss instruments ever shown in this country. They reproduce the most elaborate pieces of music, old and new, with a brilliancy and accuracy truly surprising, with an effect so melodious and perfect as to be absolutely wonderful. These musical boxes are far superior to the ordinary instruments generally sold in this country, and need only be seen or heard, to be appreciated.

ROGERS' GROUPS. — We have just received another of these magnificent works of art, from this celebrated artist. It is a new group entitled "Neighboring Pews," and is a most beautiful representation. It reflects great credit upon the admirable taste and skill of this unique artist. The wonderful correctness of expression, and completeness and carefulness of detail, excite the admiration of all who examine these groups. A cut of the above named group will be found in another column, and is worthy of more than a passing notice. "Neighboring Pews" would make a most suitable holiday present for either old or young.

APPOINTMENTS.—Dr. A. C. Bowerman, formerly of Ontario, has been appointed Assistant-Superintendent of the State Asylum for Insane Criminals, Auburn, N.Y.

Dr. J. J. E. Maher has been appointed Dispensary Physician, New York.

Dr. Jackson, of Quebec, has been elected Dean of the Medical Faculty of Laval University; and Dr. C. Verge, Professor of Practice of Medicine, *vice* Dr. Sewell deceased. Dr. P. Wells has been appointed Professor of Materia Medica; and Dr. Brochu, Professor of Hygiene, in the same school.

Dr. H. E. Buchan has been appointed Assistant Medical Superintendent of the Toronto Lunatic Asylum. We heartily congratulate our good friend and esteemed confière on his appointment. He is eminently qualified for the position.

APIOL IN DYSMENORRHŒA.—This remedy which has been recently introduced to the notice of the profession through French sources, has already acquired an excellent reputation as a remedy for dysmenorrhœa. Dr. Fordyce Barker, of New York, who has given it a prolonged trial, regards it as almost a specific. He gives lactate of iron and chlorate of potash three times a day, and when symptoms of menstruation begin he gives apiol in capsules night and morning. It relieves the pain, and promotes the menstrual discharge.

PERSONAL.—Dr. Stephen Lett, for ten years Assistant Medical Superintendent of the Toronto Lunatic Asylum, and who is leaving to take charge of a private asylum in Guelph, was presented with a handsome marble clock, from the officers and attendants of the asylum. Mrs. Lett also received a beautiful silver fruit dish and a cheese cover.

Dr. Lett carries with him the good wishes of Dr Clark, the medical superintendent, and officers of the institution, as well as the members of the profession in this city.

NEW REMEDY FOR NEURALGIA.—The latest remedy for the relief of neuralgia, says the London *Lancet*, is hyperosmic acid. It is administered hypodermically in the strength of one per cent. solution of the acid. Billroth injected the above remedy, between the tuber-ischii and trochanter, in a case of chronic sciatica, and within a day or two the pain was relieved and eventually disappeared.

MEDICAL EXAMINERS, TORONTO UNIVERSITY.—Prof. Sheard, of Trinity Medical College, Toronto, has been appointed examiner in Physiology and Pathology in the Toronto University, and Dr. Cascaden, of Iona, examiner in Surgery and Surgical Anatomy. The examiners in the other branches are the same as those on the list of last year.

FRACTURE OF THE NECK OF THE FEMUR.—Prof. Bezzi, (*Presse Med. Belge, July 29, '83,*) regards flaccidity of the tensor vaginæ femoris and gluteus medius muscles, as pathognomonic of fracture of the neck of the femur. Instead of the usual resistance, there is found, when this injury has occurred, a deep depression, between the trochanter and the crest of the ilium, due to diminution of the tension of these muscles.

SULPHO-CARBOLATE OF SODA IN RHEUMATIC FEVER.—Dr. Greenway, of Plymouth, recommends the sulpho-carbolate of soda very highly in the treatment of rheumatic fever. For adults he prescribes fifteen grains every six hours in an ounce and a half of water. Ordinary precautions of administering an occasional aperient, placing the patient between blankets, and keeping him on milk diet must not be neglected.

QUACKERY.—Larrabee says: "Quackery consists in this: that while with the regular scientific physicians all things are held in common, all truths are shared, quacks, by conspicuous words and advertisements lead the people to believe that they possess ideas not known to the regular profession, and this alone is their hold upon the people whereby they gain a livelihood.

BARONETCIES.—Mr. Lister, of King's College, London, the originator of antiseptic treatment of wounds, has received a Baronetcy. A Baronetcy has also been conferred upon Dr. Andrew Clark, the distinguished physician who accompanied the Princess Louise and Marquis of Lorne to Canada in 1878. Mr. Wm. Bowman, the celebrated oculist has also been created a Baronet.

Professors Bartholow and Da Costa agree that an antipyretic dose of quinine is not less than five grains every two hours until four doses are taken, or else thirty grains in two or three doses close together. The former believes a small dose of morphine is the best thing to counteract the unpleasant cerebral symptoms of quinine.

THE U. S. PHARMACOPŒIA.—Any person having a copy of the U. S. Pharmacopœia of 1880, and desiring a list of the corrections since made therein, can procure the same by sending a two cent stamp to Wm. Wood & Co., publishers, N.Y.

A case of chorea which resisted all other remedies, was shown recently, at the medical clinic of Prof. Da Costa, cured by hyoscyamine. The drug was given *ter die*, in doses sufficient to produce very slight characteristic effects, beginning with gr. $\frac{1}{200}$.

THE FORCE OF HABIT.—Missus (*who is acting as amanuensis to Mary*)—" Is there anything more you wish me to say, Mary ? Mary—" No, marm, except just to say, please excuse bad writin' and spellin' ".—*Punch.*

BRITISH DIPLOMAS.—Drs. W. Hanbridge, M.D. (Trinity), and W. H. Oliphant, M.D. (Toronto), have received the license of King's and Queen's College, Dublin.

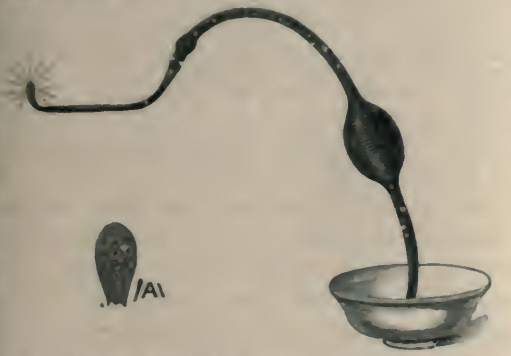
REMOVALS.—Dr. J. W. Ray has removed from Dunsford to Cambray, Ont. Dr. Holmes, of Toronto, has removed to Brussels.

CORONER.—Dr. Henry E. Gillmor has been appointed coroner for the city and county of St. John, N. B.

The death of Dr. Hilton Fagge, at the early age of 46 years, is announced in our British exchanges.

New Instruments.

Dr. Ryerson's Improved Nasal Douche.—The advantages claimed for the improved douche are as follows:



1. It can be used for douching the nasal passages both from the posterior and anterior openings. The latter is used by detaching the injector from the hard rubber post-nasal piece.

2. When the douche is once in place posteriorly it is not necessary to remove it until the amount of fluid necessary has been used. With the ordinary post-nasal douches the instrument must be re-introduced for each bulbful.

3. Owing to the upward curve of the external portion of the post-nasal tube, the hands are removed out of the way of the returning fluid. Most douches curve downward and the fluid frequently runs up the sleeve.

4. Being made of English black rubber, of good quality, it lasts well, as it is not so easily destroyed by solutions as is white rubber.

Made at Dr. Ryerson's suggestion by Stevens & Son, London and Toronto. The douches have been in use for 18 months and have answered the requirements exceedingly well.

Books and Pamphlets.

Insanity considered in its Medico-Legal Relations, by J. R. Buckham, A.M., M.D., Flint, Mich. Philadelphia: J. B. Lippincott & Co. London, 16 Southampton-st., Strand, pp. 250.

The object the author had before him in preparing this most excellent work was to draw attention to the uncertainty of verdicts in insanity trials, and the more prominent causes of that uncertainty. The author points out the absurdity of many of the decisions of the courts of law, and shows that the rulings have been as various as the forms of insanity itself. He treats of expert testimony in a way which is not only just and impartial, but also rational and comprehensive. Experts in insanity, he very properly maintains, are those only who have devoted a life-time to the study and investigation of this subject, and that physicians in general have no claim whatever to be considered experts. In this position we believe the author is perfectly correct, and fully justified in his proposition that the giving of expert testimony in insanity cases should either be put upon some rational basis, or entirely abandoned. He recommends that only skilled men should be appointed as superintendents of asylums, and only those so qualified, who have been in the active discharge of the duties of such positions, for a period of at least —— years, shall be eligible to testify as experts in insanity in any court. They shall give testimony when required as a part of their duty, without remuneration as witnesses. The expert should be considered as *amicus curiæ*, and as such, should be subpœnaed not on behalf of "the defence" or "the prosecution", but on behalf of the court. The author also justly attaches great importance to the opportunity of observing the supposed lunatic for a sufficient length of time, and particularly when the subject considers himself free from observation. The above plan, under certain modifications, which experience would suggest, seems to us to afford the ground-work of a most necessary medico-legal reform. We heartily commend the work to the attention of our readers.

The Treatment of Wounds. By Louis S. Pilcher, A.M., M.D., Member of the New York Surgical Society. New York: Wm. Wood & Co. 1883.

This work of 378 pages deals in a very practical way with the treatment of wounds. The first two chapters treat of wounds in general, repair, etc. Chapter III. treats of "The Relations of Micro-organisms to Wound Disturbances." Chapter IV., "Asepsis and Antiseptics—Wound Cleanliness." Chapter V., "Wound Disinfection—Antiseptics," etc., etc. As a germicide the author gives special prominence to corrosive sublimate, and states that a solution of the strength of one to 500 is a harmless dressing for wounds. With regard to abdominal wounds involving the viscera, he states that "the duty of the surgeon is *clearly* to enlarge the opening in the abdominal wall, or to make a new one in a more favorable location, sufficiently to admit of examination of the viscera in the track of the wound, to detect and ligate bleeding vessels, to suture intestinal rents, and to thoroughly cleanse the peritoneal cavity of extravasated matters."

MANUAL OF PATHOLOGY. By Joseph Coats, M.D., Lecturer on Pathology in the Western Infirmary, Glasgow, etc.; with 339 Illustrations. Philadelphia: H. C. Lea's Son & Co. Toronto: Vannevar & Co.

The scope of the work before us is somewhat more extensive than that of most works on the subject, including as it does both pathological anatomy and general pathology, while most works are limited to one or other of these subjects. As the author has been engaged in teaching, and in practical work connected with these subjects for the past fourteen years, the work cannot fail coming from such an authority as Dr. Coats, to be of scientific and practical value to all students of pathology, old and young. The work supplies a real want, long felt, and the profession are under the deepest obligation to the author for having undertaken the publication of this most excellent manual. The work is divided into two parts. The first part deals with general diseases, and treats exhaustively affections of the circulation of the blood, inflammation, and the various tissue changes wrought by diseased conditions of a general character. The second part takes up, also very fully, the diseases of special organs and system. Such a book was needed at this time, when pathology is making such strides, and the subject is perhaps one of the most interesting, and certainly one of the most useful departments of study. We heartily commend the book to our readers who desire to be abreast of the day in pathological knowledge.

MEDICAL EDUCATION AND THE REGULATION OF THE PRACTICE OF MEDICINE IN THE UNITED STATES AND CANADA. Published by the Illinois Board of Health, 1883.

This work is the outcome of steps which were taken by the Board to determine the good standing of medical colleges in the United States and Canada; a college directory of each State is given, and also a list of colleges not recognized by the Board. In a summary given at the end of the directory, the total number of medical men in the United States and Canada is stated at 90,410, which gives a proportion to population of about 1 to 600—the number of physicians in Canada being 3,487, proportion to population 1 to 1,112. The Medical Act in force in the different provinces in Canada and the States of the Union are given in detail. The work will therefore prove very useful for reference by members of the profession interested in such matters. Our friends of the Women's Medical College, Toronto, will be a little worried to find their college set down as (Homœopathic).

CHEMISTRY, GENERAL, MEDICAL AND PHARMACEUTICAL, by John Attfield, F.R.S., Prof of Practical Chemistry to the Pharmaceutical Society of Great Britain. Tenth edition, revised by the author. Philadelphia: H. C Lea's Son & Co. Toronto: Vannevar & Co.

This work is so well and favourably known as not to require more than a mere passing notice at our hands. The present edition contains such alterations and editions as seemed necessary for the demonstration of the latest developments of chemical principles, and the latest application of chemistry in pharmacy. It includes the chemistry of the United States pharmacopœia, and nearly all of the chemistry of the British and Indian pharmacopœias. The index contains eight thousand references.

THE PHYSICIAN'S POCKET DAY-BOOK for 1884, by C. Henri Leonard, M.A., M.D., Detroit, Mich. Price, $1.00.

This is the smallest and most compact list published. It is arranged so as to record the daily visits to twenty or forty patients per week, besides obstetrical record, monthly memoranda, cash acct, etc. It is very light, of convenient size to carry in the pocket, and is not encumbered with memoranda, tables, etc., which every well-informed physician should have at command.

THE MEDICAL RECORD VISITING LIST for 1884, by Wm. Wood & Co., New York. Price, $1.50.

This is the handsomest physician's list in the market. It is also of convenient size, all unnecessary text having been omitted in order to make it more compact and concise. It is arranged for 30 or 60 patients, and the ruling under the various headings will be found most convenient and practical.

Births, Marriages and Deaths.

In this city, on the 15th ult., Dr. A. A. Riddel, aged 64 years.

In this city, on the 16th ult., Dr. J. H. Hughes, aged 45 years.

At Bridgewater, Ont., on the 21st September, D. A. Johnston, M.D., aged 26 years.

On the 25th ult., Dr. T. Beatty, of Lambton Mills, aged 57 years.

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Original Communications.

ANGEL-WING DEFORMITY.

BY THOS. R. DUPUIS, M.D., ETC., KINGSTON, ONT.

This is a peculiar affection which, on account of its rarity, is more of a curiosity than otherwise. In the course of twenty-five years' practice I have met with three cases of it, and all of these have occurred within the last seven years. I also heard of another case from the first patient I saw with it. He stated to me that an acquaintance of his was similarly affected and that he obtained relief by wearing a strap around his shoulders in such a manner as to keep a pad firmly pressed against the posterior surface of the shoulder-blade. The deformity is easily recognized, once its prominent features are known; but since so few authors have noticed it in their writings, a patient afflicted with it might easily pass under review without its being detected—the pain and weakness of the shoulder being referred to a sprain or bruise or to a rheumatic affection. To give such a short account of it as may refresh the minds of some of the readers of your widely circulated journal, is my object in detailing the following particulars.

The disease usually commences by pains in the shoulder and upper part of the arm, at the root of the neck, above the scapula or immediately beneath it; the pains may be of an intense darting neuralgic character, or dull and aching so as to produce a tired sensation rather than acute pain. Neuralgic pain may co-exist in other parts of the body. Loss of power in the parts and inability to sustain prolonged exertion with the arm and shoulder, gradually make their appearance. When the patient's arms are held loosely by his or her side, very little deviation from the normal can be seen. By close inspection, however, the inferior angle of the scapula on the affected side may be found somewhat nearer to the mesial line than the other one, the vertebral border traced from below upwards thus assuming a direction more outwards than natural, and the lower angle of the scapula may also be a little too far from the chest-wall. When the patient attempts to raise the arm, all these deviations are exaggerated and can be readily and distinctly seen. The arm can be raised voluntarily only to the horizontal position, and while this is being done the vertebral border of the scapula rotates outwards in such a manner that the anterior surface of the bone forms nearly a right angle with the wall of the chest. This leaves a very large and deep hollow between the thorax and the scapula, and thus exhibits that peculiar outstanding condition of its posterior border which has given this deformity the distinctive name of "angel-wing." Faradic reaction is lost and galvanic excitability greatly diminished in the paralyzed muscles. In long standing cases, atrophy of the muscles supervenes. This disease may be from two weeks to two months from the beginning of the pains till loss of power in the parts and the full characteristic symptoms manifest themselves, and it has an indefinite duration.

This disease usually occurs in weakly young persons, and may result from injury or overwork (and hence is more common in males and on the right side of the body), from direct injuries to the nerves, from falls, blows, wounds, carrying heavy weights upon the shoulder, from rheumatic influences contracted by sitting in draughts, or exposure to wet; and even the syphilitic poison has been suspected as a cause. In my first case, the patient was a loosely made, rapidly growing farmer's son, about 18 years of age, in whom the disease was directly traceable to hoeing, having been a long time engaged in hoeing potatoes and corn. In my last, the subject was a delicately formed young lady, of nervous and excitable temperament, who had overdone herself by long hours and intense application at some fancy needlework which she was anxious to have completed within a given time.

Putzel says, "quite an extensive journal literature has been published on the subject, but as the paralysis which produces the affection is of comparatively rare occurrence, its real cause remains undecided." He further remarks that it is usually unilateral, and that the large majority of cases have been observed upon the right side. In the three cases which I have seen, the first was upon the right side, and the last on the left side; but I cannot now remember on which side the second was. The same author gives this disease the pathological name of Paralysis of the Serratus Magnus; but I refrain for the present from giving it other than the synonym heading this article, as its real pathology does not seem to be entirely agreed upon.

By consulting authors, I have found several notices of this affection, the descriptions of it varying somewhat in each; and by two, at least, the disease formerly supposed to be "dislocation of the lower angle of the scapula over the latissimus dorsi muscle," is considered as a part of this affection.

In the "System of Surgery," edited by T. Holmes, second edition, vol. ii, p. 757, the following occurs in a note following sprain about the shoulder: "In connection with this subject a curious injury may be mentioned, which has been described as displacement of the inferior angle of the scapula over the edge of the latissimus dorsi muscle. . . ." Then follows the report of three cases, being all that the writer had been able to coll   of *anything analogous to this*, and none of these, he says, did "exactly correspond with the description given by Liston; for although the posterior border and inferior angle of the scapula projected very markedly, there was no distinct account of any injury, and the affection seemed rather to be *paralysis of the muscles* attached to this part of the bone, especially the serratus magnus." "In the last mentioned case," he continues, "the subject was a delicate looking girl of fourteen; the whole of the posterior border of the right scapula was very prominent, and seemed to meet the skin covering it almost at a right angle. The inferior angle projected only a little more than the rest of the border, but the fingers could be passed fairly beneath it. The scapula could easily be pressed into the proper position, but it immediately started back again when left to itself. The motion of the arm was weakened and impaired." The writer further on states as follows: "I have seen a few similar cases. In all, the projection of the lower angle of the scapula was apparently due to atony of the muscles attached to the vertebral border of the bone, and in no instance was there a history of any antecedent injury."

Professor Gross describes a mal-position of the scapula, which he thinks arises from paralysis of the rhomboid muscles, and which, in its semeiology, evidently agrees with the disease under consideration; he holds also that that condition termed dislocation of the scapula, in which the inferior angle is supposed to lie upon, instead of beneath the latissimus dorsi, is frequently of a similar nature and depends upon relaxation of the muscles. Excepting that form of dislocation which depends upon direct injury, the fact seems to be that the "dislocation of the scapula" of the older authors, the affection referred by Gross to paralysis of the rhomboid muscles, and the "angel-wing deformity," supposed by Putzel to depend upon paralysis of the serratus magnus, are varying phases of the same disease.

What then is the true pathology of these abnormal conditions of the scapula? Gross inclines to the view that the chief trouble is paralysis of the rhomboid muscles, the writer in "Holmes' System" that the serratus magnus is implicated as well; and a late case exhibited before the clinical section of the Birmingham and Midland Counties Pathological Society, Nov. 30th, 1883, elicited the following opinions: "Mr. W. F. Haslam showed a patient with an affection of the scapular muscles, which allowed the right scapula to project from the thoracic wall when the shoulders were thrown back. The right acromion was depressed, and the arm could not be raised much above the shoulder. He thought the condition due to paralysis of the trapezius. Mr. Jordan Lloyd believed the rhomboidei were the muscles most in fault. Mr. Bennett May thought the serratus magnus was the muscle paralyzed, and that the lower end of the scapula had slipped from under the latissimus dorsi."—*Brit. Med. Jour.*, Dec. 8, '83.

I have inserted this case here to illustrate the obscurity in which the true pathology of this affection is shrouded. My own opinion is, that the serratus magnus and the rhomboidei muscles must all be more or less paralyzed, to produce the affection in its fully developed state. Paralysis of the serratus magnus alone, while it would permit the vertebral border of the scapula to recede from the thoracic wall, could not produce that outstanding condition of this border of the scapula so characteristic of this affection, because the rhomboideus major and minor would resist it; and not only would they resist it, but from their obliquely downward and outward course they would pull the lower angle of the scapula upwards and inwards, and cause the vertebral border to assume a direction very obliquely upwards and outwards from the mesial line of the back. This direction of the vertebral border is not decidedly marked; hence it follows that the rhomboidei must also have lost their contractile power. Now paralysis of the serratus and rhomboids together would produce the condition of parts we are considering, while the trapezius and levator anguli scapulæ still retained their power; the first of these holding the scapula in place laterally and preventing rotation downwards and forwards; the latter holding the scapula up and preventing it from sinking down perpendicularly along the side. If we examine the origin of the nerves supplying these muscles attached to the scapula, we may arrive at a better understanding of the lesions that are present. The trapezius is supplied chiefly by the spinal accessory, but receives communications from the cervical plexus; this therefore may be laid aside for present purposes. The levator anguli scapulæ is supplied chiefly by branches from the cervical plexus; but the cervical plexus is formed by the anterior branches of the four upper cervical nerves, and is therefore above the source of nerve-supply for the serratus magnus and rhomboidei. The rhomboid muscles and serratus magnus are supplied by branches from the 5th and 6th cervical, the rhomboid branches being from the 5th alone, and that to the serratus—the posterior thoracic—from both the 5th and 6th. It is quite reasonable to suppose that if the cause of paralysis existed at the roots of the nerve to the serratus magnus, the nerves to the rhomboidei also, which arise with one of the roots of the foregoing, would suffer, and we ought to have paralysis of the rhomboidei co-existing with paralysis of the serratus magnus. Putzel, although he refers it to paralysis of this last muscle alone, very judiciously adds, "The other muscles of the scapula and shoulder should also be carefully examined, as we not infrequently find that the same cause which has produced the affection under consideration, has also given rise to paralysis of some of the other adjacent muscles." We are therefore forced to the conclusion that "angel-wing deformity" is due to paralysis, more or less complete, of the serratus magnus and the two rhomboids, and that the projection of the lower angle of the scapula heretofore described as "dislocation over the latissimus dorsi," is due to the relaxed condition of the muscles that hold the scapula in place, and is not an independent affection. Of course the paralysis may not stop here, but other muscles of the shoulder may become implicated, according to the gravity of the cause producing the injury to the nerves; but for the production of the affection under consideration paralysis of the three muscles stated is sufficient, and all of these, I hold, must be involved to produce a typical case.

A few words with respect to the treatment of this disease may not be out of place. As the subjects of it are generally weakly and ill-nourished of over-worked young persons, the first great object is to improve the general condition of the patient. Fresh air, gentle exercise, good diet, with the use of the shower bath or salt-water bathing, friction over the body, chalybeate tonics, nux-vomica, and such other remedies as adapt themselves to the circumstances of the patient. Putzel, from whose work I have already quoted, recommends electricity as the great means of cure. One electrode should be placed over the roots of the affected nerves (on the neck, above the clavicle) and the other over their distribution, as in the axilla, along the origins of the serratus magnus, or behind the chest, between it and the outstanding scapula. Counter-irritation, if there is pain, and the use of morphia when urgently demanded. Many other means will readily suggest themselves to the attendant physician, once he is fully satisfied as to the pathology and etiology of the disease.

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DANGER OF THE PARASITIC THEORIES.

BY JOSEPH WORKMAN, M.D., TORONTO.

Audi alterum partem.

The September number of the *Gazeta Medica da Bahia*, contains an article by Dr. Jousset de Belesme, on the subject of the "Danger of the Parasitic Theories," which may not perhaps, at the present time, when there seems to be so strong a tendency in the medical world to rush into premature etiological conclusions, be altogether unprofitable, for, whether the parasitic theory of infectious diseases ultimately proves to be correct, or the contrary, a free exposition, alike of its merits and its defects, will be the best means of settling the question. We therefore present the following translation from the Portuguese, of the article alluded to :

"We have not been the last to speak against the application of the theory of the microbioes in medicine, and to ascribe to it those great inconveniences which the acceptance of these doctrines may introduce into pathology. When we wrote that these theories, almost totally hypothetical, were leading medicine into a bad path, in attributing to morbid phenomenon a simplicity which it is far from possessing, and conducting to irrational means of treatment, which were dangerous to patients, we were accused of exaggeration and prejudice, whilst we were but echoing the convictions of a great number of clinicists, and it was the fact that a manifest reaction has arisen against these tendencies, among French pathologists. Those physicians who employ remedies impartially, or, so to say, in an experimental way, have evidently accepted the theories of Pasteur, under the hope of obtaining advantages from them in their treatment of diseases ; in no other way can we explain the progress of the parasitic doctrine and the rather premature haste with which it has been accepted, chiefly by the younger members of the profession. So very important is it to vanquish a disease, or to discover its cause, and so positive has Pasteur been, that a good many physicians have judged, that if it is the fact that infectious diseases are caused by microbioes, to kill these parasites is to cure the patient.

All practitioners who reason thus, forget just one thing, as does Pasteur, which however should be taken into consideration ; and this is, *the patient*. Yes, there is, unfortunately, a patient in the question of the microbioes, as regards pathology. The matter is not so simple as it is in the laboratory, in which if a microbio is put into a bottle to multiply, and to exhaust the strength of a quantity of chicken broth, no more is then required than to add some powerful poison, the most energetic of the antiseptics, and everything disappears, everything, if we believe Pasteur, except the germs of these singular vegetables. But when we have in hands a patient however filled, he may be supposed to be with microbioes, we cannot treat him as we do the chicken broth, with strong antiseptics. Some physicians have done this, and Mons. Jaccoud, whose great ability no person contests, has shown us in his recently published lectures on the treatment of typhoid fever, the result of these bold attempts. In the statistics of mortality of typhoid fever, the employment of antiseptics, in large doses, has introduced an element which previously figured very exceptionally—*sudden death.*

It is beyond doubt that setting out from the preconceived idea that typhoid fever results from the development of microbioes in the economy, physicians have been forcibly led to employ antiseptics. Recourse is had to those which are most tolerable to the organism, as salicylic acid, sulphate of quinine, carbolic acid. As the administration of these medicines in small doses produces no result, logic demands that the doses shall be increased until the troublesome microbio is annihilated ; as has already been said, the patient is forgotten, but he, in his turn, when the dose is sufficient, does not forget to die suddenly. Sudden death is, I know, one of the results which may be introduced into the art of curing by the discoveries of Pasteur. When we reflect on these facts we must regard it as extraordinary, that doctrines leading to such results have been able to gain the vogue in medical practice, in which the practitioner has certainly no interest in losing his clients.

But granting that the theories of Pasteur are correct, and that typhoid fever is in reality the product of an invasion of microbioes, evidently no result profitable to therapeutics can be derived from the knowledge of this fact, for the simple reason, that the organism does not tolerate doses of antiseptics sufficient to kill, in the blood, or in the middle of our tissues, inferior parasitic organisms, whose resistance to these agents is greater than that of the cells of our economy, which are differentiated in a far higher degree. To believe that we can find an antiseptic capable of destroying bacteria, and leaving uninjured the histological elements of man, is but to seek to be deluded, and to ignore the laws of general physiology. The more differentiated an organism is, the less resistance does it oppose to the external agents capable of injuring it ; consequently it may be affirmed, that of all the organic cells, the bacteria are perhaps the most resistant of the action of toxic and antiseptic substances. Be this as it may, it is beyond doubt that typhoid patients, to whom antiseptics are administered in high doses, die suddenly, and even the sulphate of quinine is not an exception to this rule.

For this reason Mons. Jaccoud has risen with vehemence, in his lectures, against these therapeutic temerities. "I regard it, writes this eminent Professor," as a duty to be fulfilled; and to condemn these with all my strength I must point out to you the therapeutic excesses which for many years have been committed in the treatment of typhoid fever. In the commencement, the excess set out with the false idea that the fever is the unique element of the disease. The evil was aggravated when they desired, without any solid reason, to apply to typhoid fever the bacterian theories, and this anti-parasite phase was the signal for a true therapeutic unchaining; they were not content with raising beyond the usual limits the doses of the antiseptics, which are at the same time parasiticides, but they also accumulated them all in potent association; if they would, with more certainty, reach the supreme end, they must first of all kill the microbio.

Well then, gentlemen, suppose that you have in hand a disease which *per se*, directly threatens the heart, the brain, and the kidneys, would you add to these dangers those of an association of quinine salicylic acid and carbolic acid, in which each of these agents figures in high doses? Those vagaries which are the fruit of the spirit of system, are no novelty. What have we seen in our own era, in the time of Rasori? They then sought to liberate the diathesis from stimulus, and they killed the pneumonics; in the time of Broussais they abstracted the irritation, and along with it the patient.

The cry of alarm is neither excessive nor premature, for so far as we can see, in every part of Europe patients attacked with typhoid fever have suffered from theory one or other of the medicinal aggressions which I have mentioned. I entreat you to abstain from similar audacities, and to leave every question on its true basis; repel all premature applications which are the offspring of pathology (?) or of animal experimentation; whatever may be the role the future may assign to the microbio, never, in the diseases of man, lose sight of your *patient*, who is its carrier; do not forget that you cannot reach this enemy unless through the intervention of the patient, and the tolerance of the latter is the unique and true measure for therapeutic interference. But granting, for the moment, the reality of the hypothesis, that the cure of typhoid fever depends on the death of the microbioes, does the treatment required for their destruction exceed the resistance of the patient? See here, gentlemen, the principles you should ever keep clearly in view; they will be your safe guide in your practice; with them you will be able profitably to resist the exclusive tendencies, exaggeration and danger I have pointed out."

URÆMIC POISONING FOLLOWING SUPPRESSION OF URINE IN A FEMALE AFTER LABOR.

BY R. M'CREA, M.D., LAKEVILLE, N.B.

I send you the following notes of a case in the hope that some of your numerous readers will give a diagnosis with the causation of disease.

On the evening of the 17th of October, I was called to attend Mrs. T. in her third confinement. I had attended her in the two previous confinements, the first being a living child, the second still-born at the eighth month. The following are the bedside notes of the case. The present confinement also occurred at the eighth month; fœtus still-born; placenta and fœtus slightly decomposed; after delivery she complained of pain in the lumbar region, for which I ordered a Dover's powder and left.

18th.—Called again; the patient was still suffering marked sharp and constant pain in the lumbar region. Pulse natural; temp. 99°. Ordered half a drachm of tr. opium in starch enema. In about half an hour the pain ceased. She has not passed any urine since confinement. Ordered tincture of digitalis and spts. eth. nit. every two hours.

19th.—Has not passed any urine; pain has not returned; vomiting; passed catheter, no urine in bladder; pulse 86; temp. 100. Ordered thirty grains of compound jalap powder.

20th.—Patient restless; pupils contracted; no pain. Gave alkalies, diuretics and diaphoretics.

21st.—Patient same in all respects; temp. 101; pulse 120; resp. normal; met another practitioner in consultation. He recommended a discontinuance of the alkalies, and suggested tr. ferri mur.

22nd.—Pulse 101; temp. 102; slight clonic spasms; headache; slight perspiration; complains of soreness in the bowels and tenesmus of the bladder. There were also passive delirium; vomiting, hiccough and contracted pupils.

23rd.—Pulse 92; temp. 99; vomiting; hiccough; tenesmus of the bladder; bowels acted loosely without control; pupils still contracted; patient evidently sinking; passed catheter, no urine.

24th.—Pulse 120; temp. 103; vomiting; no hiccough; sinking; appears to be somnolent and listless; unchanged in other respects.

25th.—Pulse 118; temp. 101; resp. 12; breath fœtid and ammoniacal; somnolent; clonic spasms; perspired freely from diaphoretic.

26th.—Restless; delirious; lies with mouth open; answers questions with hesitation; passed catheter, no urine; condition in other respects much the same.

27th.—Pulse 116; temp. 101; resp. 8; lies in a comatose condition; took no nourishment; condition in other respects unchanged. She died at 12 o'clock at night.

The points of interest to me in this case are the following:—

1st. The sudden suppression of urine without any previous history of kidney trouble.

2nd. The length of time that the system withstood the suppression, viz., eleven days.

3rd. As to the cause, which was in all probability due to the absorption of decomposing matter in connection with the dead fœtus in the womb, producing blood-poisoning. Of this, I think there can be very little doubt, as the symptoms point strongly to such a condition.

[Apropos of the above case, Dr. McLaren, of Delaware, Ont., sends us brief notes of a case recently, where a woman, æt. 51, lived for 17½ days, without passing urine, and died from uræmic poisoning. Just before this condition set in she had, for about thirty hours, suffered from an attack of hæmaturia. That ceasing, no further urine was secreted—*entire suppression.* The patient had been an invalid for seven years. The Dr. has promised us full notes of the case later on].—ED. LANCET.

Correspondence.

EXTRAORDINARY TESTIMONY.

To the Editor of the CANADA LANCET.

SIR,—Would you be kind enough to give your readers a definition of what is really comprehended in a medical visit? In a recent case in the county court in this Province, one witness gave extraordinary testimony, which was published in the *Examiner* newspaper, as follows:—"I define it to be what you do after you get there; it may be to draw a tooth—it may be a case of midwifery; I would include six hours in a visit; twenty minutes or half an hour is long enough for a consultation; when one doctor sends for another, he does it to learn something or share responsibility, and has no right to be paid; but the one sent for should be paid; a doctor has no right to receive so much for removing a placenta as a case of midwifery, for removing a placenta is a minor part of it; I never charge more than a dollar for it; administering an enema is one of those things that old women do; the services performed at the house is the main consideration for making a charge." As the privileges of medical men in the courts here depend very much on the medical testimony available at the court, and finding medical jurisprudence not generally viewed by witnesses from the same standpoint, would you be kind enough to give us your experience of the practice and custom of the profession in Ontario, as well as the treatment medical men receive in the courts? I thought a medical visit included nothing more than going to the patient, making a diagnosis, and prescribing. What is your custom and practice? Does a visit include or comprehend any operation? Do your courts of justice require medical men to analyze their prescriptions item by item in proving the value of the medicines furnished, by reading each item to the judge, or would it be sufficient to call testimony, and submit the prescription, and ask the witness to prove its value? Have you a scale of fees for medical men in the Province of Ontario, and what weight does such scale of fees carry in your courts? What would you consider a reasonable fee for administering an enema? Is it customary to charge for detention, and how much per hour? Would five dollars be a reasonable fee for removing an adherent placenta in a case of abortion or premature birth?

I always thought, when a doctor took charge of a case that he could visit the patient as often as he thought proper without having fresh authority each time he visited; and that the medical man having charge of the case was allowed discretionary powers, as his visits could not be pre-determined. The medical man is the only proper judge of the necessities of the patient, and I should think he could exercise his discretion accordingly and be entitled to his ordinary and customary fees for each visit. I have been taught that consultations were for the benefit of the patient, and consequently the patient should pay the consultant. I also thought that charges upon a physician's bill for "visits and medicines" were sufficiently specific, although the *quality* and *quantity* of the medicines be not designated. Yours truly,

A PRACTITIONER.

P. E. Island, 27th Dec., 1883.

[An ordinary visit does not include any operative procedure except of the most trivial character. Some of our judges require medical men who supply their own medicine and thereby act as druggists, to detail every item in the bill; others do not. There is no schedule of fees for this Province, but in most of the city and district societies a regular tariff is established, and this is recognised in the courts. The usual charge for detention after the first hour, and in confinements after six hours, is from $1 to $4 per hour. Five dollars would be a reasonable charge for removing an adherent placenta. It is generally conceded that the attending physician is the best judge as to the number and frequency of his visits. Consultations are for the benefit of the patient, or to satisfy the whims of friends or relatives, and are always paid by the patient or his friends—never by the attending physician.]—ED. LANCET.

QUADRUPLETS.

To the Editor of the CANADA LANCET.

SIR,—I send you a few notes of a somewhat rare case of midwifery, which recently occurred in this vicinity, thinking they might be of interest to your readers.

On Dec. 17th, 1883, I saw Mrs. H. Multipara, who on Dec. 12th was delivered of four (4) living male children, one of which only lived two (2) hours. She was attended by a midwife, and I was informed that the labor was short and easy. The presentations were all "breech", and each child had a distinct and separate placenta. There was no hæmorrhage, and convalescence has been normal, with the exception of a bad back-ache, relieved by a belladonna plaster. From the appearance of the children, as well as from the mother's calculation, I judged labor had taken place at about the middle of the (8th) eighth month of gestation. The boys were small, averaging perhaps 2½ lbs., but were perfectly formed, and performed all their functions in a normal manner. On Dec. 30th, I was called to see them, and found they had taken cold, and were suffering from what was apparently bronchitis, from which they all died in less than 48 hours.

Yours truly,

G. H. COBURN.

Fredericton, N.B., Jan. 11, '83.

Reports of Societies.

ST. JOHN, N.B., MEDICAL SOCIETY.

Jan. 3rd, 1883.

Dr Hetherington reported a case of poisoning by Barbados tar. The patient, a young man of 30 years, was troubled with hemorrhoids, and on the strength of a friend's advice he purchased 4 ozs. of Barbados tar, taking a tablespoonful as a first dose; in two hours he was in the most excruciating pain from the hypogastric region down through the bowels, and continued through the thighs and legs. He described the pains as "cutting cramps"; he also vomited considerably. I watched him a very few minutes and saw that he was rapidly growing worse. I gave him ½ grain of morphia hypodermically, and in a short time he was free from pain. The next day he felt very sore and weak, but made a rapid recovery.

Dr. T. Walker reported a case of extraordinary high temperature, nine days after parturition, treated with 5 gr. doses of quinine, every 3 hours, with very satisfactory results. Dr. Musgrove thought these were not cases of puerperal fever. Dr. J. Christie treated such cases with opiates.

Dr. Musgrove showed 4 ozs. of fluid taken from a knee joint with an aspirator, at two operations, with an interval of 13 days, after which it did not return, but resulted in recovery. He approved of early removal of fluid.

Dr. Coleman showed a patient, æt 21, from whose left eye he had extracted a cataract and enucleated the stump of the right. The right eye had been lost for 14 years. The sight of the left began to fail ten years ago, and was soon lost, probably from sympathetic iritis. In July last a downward iridectomy was done at the Massachusetts Eye Infirmary, but no improvement. As a last resort Dr. Coleman extracted the lens by the lower section. This enabled the patient to find his way indoors and about the city. About a month afterwards iridotomy was performed on the left eye with DeWecker's scissors and the right enucleated. Vision in the left eye was the same as before the iridotomy.

Dr. Coleman also showed a patient from whose left eye he had scooped out the whole contents of the sclera. It was a case of total staphyloma of the cornea from an injury. The operation consisted of abscision of the cornea by two curved incisions, which extended ¼ inch on each side into the sclera. The whole contents of the sclera were removed by lid elevator and forceps, and the aperture closed with one suture. The advantages of scooping out the sclera over enucleation, seem to be, a larger and more movable stump, less falling in of the lids, less danger of meningitis as the optic nerve is not injured, or the subvaginal space of the optic sheath opened. The operation he had not at the time seen advised, but since noticed that Dr. Williams, of Boston, recommends it in ophthalmitis.

MICHIGAN STATE BOARD OF HEALTH.

(Reported for the Canada Lancet).

The regular quarterly meeting of the Michigan State Board of Health was held in Lansing, Jan. 8th, 1884.

The secretary read a resumé of the work of this Board during the last quarter, which showed that successful sanitary conventions had been held at Ionia and Detroit (American Public Health Association); that a leaflet on contagious diseases had been translated into French, Danish, Norwegian and Swedish, for distribution among those who speak those languages; that a very general distribution of blanks and circulars on communicable diseases had been made to the health officers and clerks of cities, villages and townships in Michigan; that notice had been sent to health authorities in several parts of the State, warning of the shipment of diseased cattle into such localities; that the regular distribution of weekly bulletins of sickness and of meteorology, the yearly distribution of material for meteorological reports, and the quarterly distribution of blanks to observers of diseases, had been made.

Dr. Hazlewood attended the Sanitary Convention at London, Ontario, and gave a report of the water supply of that city (London), and the Secretary, who also attended the convention, described a visit to the Asylum for the Insane near London, Ontario.

Committees were appointed to examine and report on the sanitary condition of the jails, asylums, schools, and the capital buildings in Michigan.

Dr. Kellogg presented and read portions of a very interesting report on the present knowledge respecting diphtheria, which will be published in the next annual report.

Considerable discussion occurred over the examination of text books on physiology and hygiene, with reference to alcohol and other narcotics. Only four books had been presented for examination. The committee reported relative to these books; it was directed to confer with a similar committee from the State Board of Education, and to report again at the next regular meeting. It is hoped that publishers of school books will give early attention to this subject, and that more than one book can be approved at that time.

Selected Articles.

SPINAL CURVATURE.

CLINIC BY GEO. HALLEY M.D. KANSAS CITY MEDICAL COLLEGE.

Gentlemen: Spinal curvature—I use that term in preferance to spondylitis—may be divided into two great classes,—

1st. That due to organic disease, inflammatory softening of the intervertebral substances, and vertebræ.

2nd. Weakening, or paralysis of one of the lateral sets of muscles of the back.

In the first variety you will find the curvature lateral, angular, or a combination of both lateral and angular, with more or less actual shortening and anchylosis. There is a great deal of pain, and at times, particularly in the later stages of the disease, a great deal of pain from pressure, either on the intercostal nerves or on the spinal cord itself, manifesting itself in the track of distribution of the filaments pressed on, or in the whole of the cord below the point of pressure. This softening of the intervertebral substances, or bodies of the vertebræ, is always the result of an inflammatory process of a low type, and is manifested generally by a more or less well marked rise of temperature and general subacute inflammatory symptoms.

The patient before you gives us no such history. Has had no pain in intercostal spaces nor in lower limbs. The curvature, as you see, is purely lateral. When I put my hands under the axillæ and lift up with some force, the curvature almost entirely disappears. This patient gives us no history of inflammatory softening; and there being no anchylosis and no angular curvature, we may eliminate organic changes, and, therefore, disease due to the first causes. But the patient does give us a history of chronic hydrocephalus. The head is still enormously enlarged, wearing as he does a seven-and-one-eighth hat. For a time the patient was partially paralyzed, and even now has not the same use of his left hand that he has of his right.

The patient also states that at seven years of age his head was just as large as at present. On closely examining the back I find the maximum of the curve in the dorsal region, opposite the eighth dorsal vertebra, while the compensatory curve is opposite the first lumbar. I also find by examination that the muscles of the left side, attaching the arm to the spinous processes of the vertebræ, are atrophied. He also gives us a history of partial paralysis of this left side, and states that even now there is marked inability to move the limbs on that side with the same degree of celerity that he can those on the right.

Hence, from the lack of organic diseased changes in the bones of the vertebræ or intervertebral substances, with the presence of atrophied muscles on the left side, we conclude that this is a case due to paralysis of the muscles, resulting in deformity from lack of tone on the left side. Now I do not say that weakened or paralyzed muscles may not at times—may perhaps very often—be a most important factor in the production of spinal curvature, in which the bodies of the vertebræ and intervertebral substances undergo organic change. But in this case, and perhaps in a considerable proportion of the slighter varieties of this deformity, we find the muscles, the principal, if not the sole agents in producing and keeping up this deformity, and no organic change,in the way of absorption, and perhaps anchylosis, result.

A few days ago I was consulted in regard to a case where there was very decided lateral curvature, that had existed from childhood, and was evidently the result of an infantile paralysis, with which she was afflicted when quite a child. It was apparently getting worse since she had been confined to a school room, and taxed with severe studies; hence the consultation, Now what will you do in such cases? What are the indications? If you follow the routine practice, you will proceed to adjust the regulation Plaster-of-Paris jacket. Now why will you *not* put it on in some others? for it is, without doubt, a most excellent method of treating a certain class of these affections. If you will for a few moments look at the etiology of this case, you will have no difficulty in answering the question intelligently. This case has no diseased bone to repair, no absorbed intervertebral substance to be restored, no inflammatory process to arrest by stopping the irritating cause. In another class of cases this practice would be highly proper, but what would we get here? Only pressure on the already paralyzed or greatly weakened muscles; whereas, what they do require is rest and restoration, by friction, *massage*, and well regulated exercise. I know of no exercise so good in this deformity as that on the horizontal turning-bar. Not for too long a time at first, not to the extent of tiring—wearing out what little strength your patient has; but enough to fully empty the vessels of the blood that is sluggishly circulating in them, as well as the lymph channels. Then let them rest in the recumbent position. Shampooing the muscles with a warm dry flannel cloth will also promote the circulation, and at the same time give tone to the muscular system.

Now if we had put on a plaster-of-Paris jacket, what would we have done? How much good would we have accomplished? We would have straightened the spinal curvature without a doubt, and kept it straight, too, while our dressing was on. But is that all we wish to accomplish in these cases? If the human body was a piece of mechanism which could be propped up at one side or pulled over on the other as occasion required, the plaster jacket would have been just the thing. But it is something more. It is a piece of organism, intended to get along without props or stays; and if you properly follow nature's methods in dealing with this frame, you will find she will generally lead you right. Your jacket, while it held the skeleton in its proper place, would not only have done nothing towards restoring the muscular disorder, but would really have made it worse, by depriving the muscles of their exercise, and impairing their nutrition by pressure, while they were really the parts that required treatment, nourishing and resting.

Now in this case we shall order more outdoor exercise, plenty of good, rich food, and last, but not least, *rest* on a good hair mattress; with *massage* of those muscles that are paralyzed or partially so. I don't pretend to know why cod liver oil does so much good in this class of cases; but I know it does. You will frequently be told, on making such a suggestion, that it is impossible for them to take it; that it always disorders their stomach; that they can't bear the taste of that "horrid stuff." I tell you, gentlemen, after a good many years of experience, that cod-liver oil can *always* be tolerated, provided you do your whole duty as a physician. First then, see that you have a good, pure, and sweet oil, and that it *is* cod-liver oil; for it is not always cod-liver oil that is sold as such. Nor is all that *is* cod-liver oil fit to put in your patient's stomach. Now if your patient can take it straight, with a table-spoonful of whiskey after it—all right. If the stomach revolts at it or rejects it, you may have to make an emulsion of it with Pancreatin, or a pancreatic emulsion, reducing it with the oil till it is of sufficient consistence, and then add some syrup—syrup of hypophosphites if you prefer—and you have a mixture that almost any stomach will tolerate. If you feel fearful that you may make your patient a drunkard by administering liquor in this way, let me assure you that in all my experience I have never known of such a case. I do not know why, but I suppose the oil prevents the deleterious action of the alcohol on the tissues.

Did this case present evidence of organic changes going on in the spinal column, I should at once proceed to adjust some suitable external means of support—the plaster jacket, the felt jacket, or some other means of allowing the bones and cartilages to resume their normal condition, if that were still possible; and if they had undergone such structural change as to preclude the hope of restoration, to at least secure anchylosis in the best possible position.—*Kas. City Med. Record.*

THE TREATMENT OF GUNSHOT WOUNDS.

We give herewith the following extract from a lecture delivered in Bellevue Hospital by Sir William MacCormack, of St. Thomas's Hospital, London. Speaking of the Franco-German war—he said, we had certainly a large number of operations to perform immediately, in the line of amputations and dressing fractures and wounds of all kinds, but we left all resections until a later date. Such a vast and varied experience is rarely given to any one in so brief a time, and, of course, we availed ourselves of the opportunity as well as we could. We, however, had numerous difficulties to contend with, for we were treating French soldiers who were demoralized by defeat, and, on account of the vast number of patients, they suffered for a time from inadequate nourishment and from an insufficient supply of appliances necessary for all. It was only for a short time, however, that we were thus embarrassed, for soon large extra supplies were forwarded to us. Yet at that time we did not have the advantages of the antiseptic methods of treatment which have since effected such favorable results, and it was quite distressing to see, in spite of all our care, our patients, with wounds and compound fractures, die of blood-poisoning or erysipelas, which spread from one to another.

I said that we left our resections for a later day. I agree with Von Langenbeck that we should be very careful how we perform resections as primary operations under such circumstances. Primary resections are not satisfactory, or favorable to life and I think they are infinitely risky. These late resections then performed were many of them on soldiers who were soon after sent away, and they could not be all followed up, but very satisfactory results were sometimes obtained. There are many reasons why such operations as resections should be performed late, after the primary inflammation has subsided, for, after that time, those cases in which amputation should be performed have been selected out, and, besides, the numerous small pieces of bone which are always found in comminuted fractures about the joints have become separated and have disappeared in the discharges, so that the amount of bone that can be saved may then be determined more accurately. A fracture made by a gunshot wound is almost always a comminuted fracture, and later on you can always ascertain the limitations of the diseased process more accurately than at first. We can however, here perform partial operations immediately, and I think that recent experience has clearly shown that these partial operations are not only less dangerous than primary resections, but that they are often followed by more satisfactory final results. Later on, the periosteum about the fractured bones becomes thickened and tough, and rapidly produces new bony tissue, while in the early period the periosteum over a newly fractured adult bone is especially thin and easily torn, besides which it possesses very little osteogenetic power. For these reasons I think that resections are more wisely performed at a late period. * *

I think, then, that I have shown you, in the first place, that operations of this kind—namely, resections—had better be performed in the secondary period, that they had better be partial if possible, and that certain joints, viz., wrist, ankle, elbow and shoulder joint, are more fitted for operations of this character than others.

Now, another thing which I think I have learned, and desire to teach you, is to avoid probing gunshot wounds altogether, or as far as possible. I have seen great harm come from this practice, and the fact cannot be too strongly impressed upon you that the bullet itself is of very little importance in these cases. I know that nearly always the first thing that a patient who has been wounded will ask the surgeon is, "Where is the bullet lodged?" and then he will expect to be relieved by its removal. I think that under these circumstances the surgeon is too often apt to be so inconsiderate as to try to please the patient and accede to his wish. Any one who has had much experience with gunshot wounds knows how easy it is to fail in finding the ball, and how difficult it often is to distinguish by the probe between a piece of lead and an exposed surface of bone, or a piece of fascia or a tendon; and in such cases, if he does not succeed in finding the bullet with the probe, he is very apt to search for it with his finger; then he tries with one forceps and then another to extract it, and in this way septic matter is almost necessarily introduced, so that a wound of a joint which might otherwise have healed perfectly without a particle of suppuration is doomed to suppurate, and possibly the whole limb will in consequence be lost. Besides, experience shows constantly how frequently bullets become lodged in muscles, bones, or some of the viscera, and there become encapsulated and never cause further trouble. The point I wish to insist upon is, that there is infinitely more danger created by the surgeon who attempts to search for and extract a bullet than would result from leaving half-a-dozen bullets to take care of themselves. In all the pathological museums throughout the world may be seen specimens of bullets lodged in lungs, liver, brain, and bones, where they had remained imbedded for years without impairing the functions of these organs. At the museum in Washington I recently saw a specimen from a man who had received a gunshot which had fractured the upper part of the tibia, and the bullet appeared to have lodged just below the cartilaginous surface of the lower end of the femur. The surgeon who had attended him at the time of the injury had thought that there was not a wound of the joint, and so had not operated, but had left it alone. The man lived for years afterward, and after his death this specimen of the bones was brought to the museum at Washington; it was found then that the bullet had caused no injury to the joint at all, and it had not troubled the man for years. I wish by this recital to impress upon you the point that bullets left to themselves are not such dangerous things as they are generally supposed to be. In the recent Turkish and Russian war there was also a strong practical illustration of the value of this let-alone policy. A very distinguished surgeon and a noted professor, both in Berlin and in St. Petersburg, introduced into the hospitial the plan of treating all wounds antiseptically, and he had to deal with a great many penetrating wounds of the knee. These he treated by not searching in the tract of the wound with instruments, but he immediately put them up in antiseptic dressings and kept the limb immovable. I quote from memory when I say that nineteen out of twenty-one recovered, not with stiff joints at all, but with movable joints. If you can trust to the evidence of such a series of cases as that, coupled with what I have heard Von Langenbeck say—that he did not believe that a single case of a wound of the knee joint in the whole Franco-German war recovered—you can see clearly what striking advances have been made recently in the treatment of gunshot wounds. Another thing told me by a surgeon of distinction who has had much experience in several wars in the past few years, was that he never interfered with or probed a gunshot wound of the knee, and his published reports show that the results of these fractures in his hands have been infinitely better than those of any other surgeon. This is another illustration of the importance of avoiding all interference with gunshot wounds. Professor Esmarch, of Kiel, whose reputation you all know, preaches from the text, "don't injure" or "don't do damage," and refers to the interference with gunshot wounds; and I think that I have now said something to show you the importance of such a maxim.—*Gaillard's Journal.*

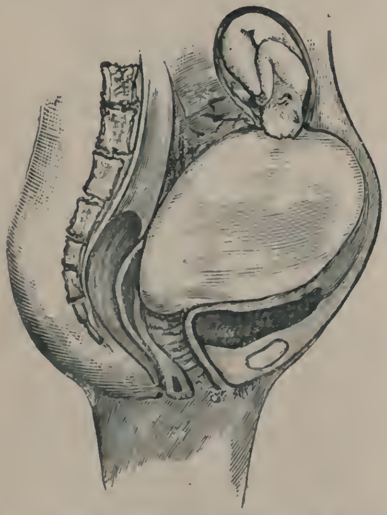
REMARKABLE CASE IN OBSTETRICS.

The following remarkable case of obstetrics is reported by T. A. Rodger, in the November issue of the Canada *Medical Record*:—

The patient, aged 32 years, was pregnant for the fourth time. I was present at the birth of all the former children, and found nothing unusual. The history of the case, which is brief, is as follows:—On the morning of the 10th of October I was requested to visit a Mrs. L , whom it was said had been ill all night with great difficulty of breathing. I found the patient in bed, half sitting, half reclining on her side, and propped up with pillows. Her countenance was somewhat anxious, face slightly livid, eyes staring, breathing very hurried and short, and complaining of great tightness about the chest and abdomen, with a sense of suffocation. This being my first visit to this patient at this time, and not thinking that she was pregnant, I at once examined her chest; found heart and lungs normal, but was struck with the size of the abdomen. Her feet and legs were somewhat œdematous, but no great amount of swelling at the vulva. There had been slight pains at long intervals all night, but the patient said "not like labor pains," though she thought that she ought to have been confined some time during the month of September, having, as far as she could recollect, menstruated for the last time about the beginning of the year.

The size of the abdomen being so much out of proportion to anything I had ever witnessed before, I began questioning as to her condition for some time back. She told me that nothing out of the way was noticeable in the size of her abdomen until between the sixth and seventh month; that never at any time could she say that she felt any distinct movement of the child, such as experienced with her other children; that she had suffered considerably at different times from irritability of the stomach, in fact, had often great difficulty in retaining food. A vaginal examination revealed the os to be high up, dilated about an inch, edges tense but thin, membranes entire, but no presentation could now be felt. Examination of the abdomen gave dulness on percussion throughout; no movement or outline of the fœtus could be made out, and by auscultation could not get either heart sounds or placental bruit. Through the assistance of the friends present I changed the position of the patient to one which I thought more favorable, or which might assist me in detecting a presentation, but all without any effect whatever.

The distress of the patient being so great I felt that some measures would require to be adopted at once for relief, so I gently dilated the os until I succeeded in passing the greater portion of my four fingers within the uterus, taking care at this point not to tear the membranes, still no fœtus could be felt. Satisfying myself as to the toughness of the membrane, I passed my whole hand between the latter and the walls of the uterus and endeavored to rupture the membranes with my fingers, but failed. Without withdrawing my hand, I passed, with the left, a knitting-needle, when the rush of water was tremendous.



Continuing my search for the child, my arm acting as a plug in the vagina, I could find nothing in the uterus proper, having passed my hand all around the walls; but, at the fundus, I felt a circular opening about the size of a silver dollar, edges somewhat thick, and unyielding to ordinary force by the fingers. Passed my forefinger through the new opening, touched the mouth, nose and eyes of the child; then gradually succeeded in getting in a second finger when no forehead could be felt, in fact, no head.

With the gradual escape of some portion of the amniotic fluid I found that I could use more force with my fingers in dilating, due to this second uterus, if I may so call it, being brought near to my hand. Owing to the alarming condition of the patient at this point, and fearing delay might not serve any good purpose, especially if the escape of the amniotic fluid was permitted, there being a possibility of collapse, I determined at once upon version and set to work to force my hand into the interior. After considerable resistance had been overcome, both feet of the fœtus were grasped, completing the delivery of a still-born acephalic male child, weighing about six pounds. Fluid ext. ergot was given to ensure uterine contraction, and after delay of a short time the placenta came away by gentle traction with the hand, followed by slight hæmorrhage. The woman was not in a condition to warrant further interference, otherwise I should have liked to have passed my hand and further investigated the interior of the uterus, but feared that possibly such procedure might be attended with bad results.

This is now the 16th day since the patient was confined, and I may state that she is doing well, no bad symptoms having appeared, so far, in the case.

HINTS TO MEDICAL EXAMINERS FOR LIFE ASSURANCE.

We have great pleasure in drawing attention to the following very useful suggestions for the guidance of medical examiners of lives for assurance societies. They seem to us to go straight to the root of the matter, and to enforce the consideration of points not usually engaging attention. They are hints thrown out by no less an authority than Mr. Smee, medical adviser and director of the Gresham Society :—

" A great deal of trouble and annoyance is caused by the sending up of proposal forms imperfectly filled. Sometimes they do not state clearly the occupation or the cause of death of near relatives. Now, it is impossible for the medical officers of a society to assess a life if they do not know the cause of relatives' death. With regard to the question of intemperance, too, the agents should see that the paper is strictly and clearly filled up; also in the agents' reports which are sent up, and which are confidential, they should state clearly the object of the assurer, and especially in the case of female lives. Persons who have suffered from epilepsy, paralysis, apoplexy, cancer, stricture, or stone, must not be medically examined without orders from the head office. No person who has had delirium tremens, who has been intemperate, nor even the reformed drunkard, would the Society accept on any terms. Proposals from persons who are ruptured, who have suffered from gout, rheumatic fever, bronchitis, slight asthma, pleurisy, congestion or inflammation of the lungs, varicose veins, eczema or other skin disease, or congenital defect or deformity, or from persons engaged in the occupation of licensed victuallers or in the wine and spirit trade, can only be accepted if strictly healthy, under an endowment assurance tariff, or with an extra rate of premium. To the clerk, master mariner, and the classes who depend upon their exertions for a livlihood, I know of no form of investment equal to an endowment policy; it provides in case of premature death a provision for the family. At the age of sixty a man gets enfeebled in health, and his power of earning is diminished, his premiums cease, and in lieu he receives a lump sum as the result of his savings. Proposals on the lives of persons whose parents have died under sixty years of age must be regarded, even if healthy, as lives not of the first-class; for example, there is one of our noble families in which during the present century no member has reached the age of sixty-five, which must be regarded therefore as what is technically termed the perishing point of that particular family."

No words of ours are needed to strengthen the force of these remarks and suggestions.—*Lancet.*

COMPOUND ARTICULAR FRACTURE.—STIMSON.

In a paper read before the New York Surgical Society, and reported in the *Annals of Anatomy and Surgery*, Nov. 1883, Dr. Lewis Stimson reported three cases of fracture, with the object of drawing attention not to those extensive injuries, in which the question lies between excision and amputation, but to those lesser ones, in which, the injury to the bone and soft parts being comparatively slight, the main feature is the implication of the joint, and the therapeutical problem is how best to avoid dangerous suppuration within it. The first case is one of simple dislocation backward at the right elbow of both bones of the forearm, in a man aged 28. The dislocation having been easily reduced after the administration of ether, a movable hard body, about half an inch in length, was found lying under the skin on the outer side of the joint between the head of the radius and the olecranon, which was judged to be the inner portion of the head of the radius broken off when the bone had been forced backward past the condyle. Believing that this fragment, if left in place, or even if it could be restored to its proper place, would interfere very seriously with the subsequent mobility of the joint, Dr. Stimson at once made an incision and removed it. The joint was washed out with a 1 to 40 solution of carbolic acid, a short drainage tube was inserted, and a gauze dressing applied. The patient did well until the ninth day, when the temperature rose to 103°, and the joint became painful. Two days later, there was a discharge of pus from the wound. During the next four weeks, there was suppuration around the joint and burrowing of pus. The case ended satisfactorily. The joint remained very stiff for some time, but ultimately the man resumed work as a driver; and when he was seen again twelve months after the date of his accident, the arm was found to be strong and serviceable. Flexion and extension at the elbow were almost complete, but rotation of the arm was entirely lost. The subject of the second case, a man 22 years old, was treated for compound fracture of the left patella. The bone was broken transversely a little below its centre, without comminution, and the fracture communicated freely with a clean-cut transverse wound one inch and a quarter in length, lying directly over it. On the second day Dr. Stimson enlarged the wound, washed out the knee-joint with a 1 to 20 solution of carbolic acid, passed a drainage tube into the joint on each side through an opening made at about the centre of each lateral aspect, brought the fragments of bone together with a silver wire suture, the loop of which included all the soft parts except the skin in front, closed the wound with sutures, and applied a gauze dressing. Much suppuration followed in this case; and the fragments of the patella, it is stated, became united by a fibrous band about one-fourth of an inch long. The movements of the joint were much restricted, but at the time of his discharge, about nine weeks from the date of injury, the patient was able to walk without a crutch, and could flex the knee to an extent of ten degrees without feeling pain. In the third case the patient, a man 47 years old, came under the care of Dr. Stimson with a compound fracture of the left ankle. The left fibula was broken at a point about three inches above the top of its malleolus; the inner malleolus was broken off at its base, and this fracture communicated with a transverse wound of the skin directly over it, through which blood flowed freely. A small piece of bone which lay in the wound was removed. The surface of the limb at the seat of injury was washed with the carbolic acid solution, but the wound was not injected. Gauze dressings were applied with lateral splints. On the third day a plaster-of-Paris splint was applied. The patient, who presented at first some symptoms of alcoholism, ultimately did well; and after an interval of two months and a half, the joint was freely movable and painless.

In his comments on these cases Dr. Stimson concludes with the following statement. "Of these three cases, the one that did best was the one that was least interfered with (it was also that in which the injury was least, but the difference in this respect was not great enough, I think, to account for the difference in the results); and I find in this fact, and in the fundamental success obtained in all, ground for the delief that confidence in modern methods of treating wounds should incline the surgeon rather towards absolute conservatism than towards operative interference; that in cleanliness, drainage and rest, we have agents efficient in themselves to avert inflammation of the joint, or, failing that, to keep the inflammation within such limits that the risks of an operation, if it should become necessary, are not materially increased; that the safeguards now possessed against the occurrence of formidable complications of wounds should give confidence to expect the comfortable healing of wounds accidentally inflicted, rather than stimulate to the voluntary creation of new ones; and that the broad rules of treatment such as those under consideration should be to avoid excision except when it is clearly indicated by the extent of the injury, the difficulty of establishing drainage, or by an economical reason arising from the function of the joint involved and the social condition of the patient that may make mobility, even if combined with some insecurity, preferable to ankylosis."—*Lon. Med. Record.*

TREATMENT OF EPILEPSY.—CLINIC BY PROF. PEPPER.

Gentlemen,—I shall to-day call your attention to two men, who are suffering from epilepsy.

This young man, a native of England, was healthy up to the age of four years, when he suddenly lost consciousness and fell over, while sitting at the table. One year afterward, the convulsion returned, and from this time he has been the prey of epileptic seizures, occurring at varying intervals. This is a bad case. It has been noted that he has had as many as one hundred and twenty convulsions in twenty-four hours. He states that when fourteen years old he fell into a trance, lasting for two or three days. After this he enjoyed freedom from the epileptic attacks for two or three years. About five years ago hemiplegia of the left side came on. This has gradually improved, but the arm and leg are still paralyzed to a certain extent. In walking, he drags his leg in a clumsy way, after the fashion of an old hemiplegic. The muscles of the shoulder and arm still retain some power, but the flexor and extensor muscles of the hand are almost completely paralyzed.

The attacks are somewhat controlled by bromide of potassium and hydrobromic acid. He thinks that he has been improved by treatment. His memory has become much weakened, and all his statements must be taken with a certain degree of allowance. There is no evidence of fracture of the skull and no history of his having received such an injury. The attacks are of the character of ordinary epileptic fits.

This second man is a machinist. He never had a fit until he was thirty-three years old. It came on suddenly, while he was at work. This man's memory appears to be good, so that we can depend on his statements. The attacks recurred at first at intervals of two or three weeks. Under treatment they became less frequent, but when treatment was stopped they increased in frequency. He has gone as long as four months without an attack, but they have never been entirely arrested. Immediately after the attack he passed into a state of mania, lasting from fifteen to thirty minutes.

Among the predisposing causes, inheritance is a powerful one. When a child comes of a family of strongly marked nervous temperament, if several members of the family have exhibited symptoms of nervous disturbance, and if the child began at an early age to show a tendency to irregular nervous manifestations, the probability is that there is such a profound morbid tendency of the nervous system, that no effort will control or eradicate it. Another predisposing cause is long continued exhausting illness. This may excite a tendency to convulsions at any age. A short time ago, a lady consulted me, and gave the following history: she had been perfectly well up to five years ago, when she had a very severe attack of typhoid fever. This was complicated with hemorrhages, phlegmasia alba dolens of both legs, and relapses of fever, keeping her in bed for four months. After this passed away, and after she began to go about, she had a convulsion following some unusual exertion. For three years convulsions of an epileptic character continued, recurring at varying intervals, sometimes as frequently as twice a week, and at times being so severe as to require the strength of two persons to restrain her. Gradually, as her health improved, the attacks became less severe and less frequent. For the last six or eight months she has had no general convulsion, but has had periods of momentary oblivion, attended with severe pain in the region of the heart. She is evidently outgrowing the convulsive tendency, which was called into activity by the violent attack of typhoid fever. Last week I saw in consultation a case of the same character; a case of typhoid fever with severe hemorrhages, leaving the patient in a state of the greatest debility. After the fever had subsided, the patient had a severe convulsive attack. Unless great care is taken I have no doubt the convulsive tendency will show itself in that patient just as it did in the woman to whom I have referred. Where there has been no inherited tendency, and where the child has not shown a disposition to convulsions, these attacks after protracted disease are not of so unfavourable omen, as where they come on in consequence of constitutional tendency.

I need not say to you that accidents in childhood often produce this tendency. It is exceeding difficult to make the prognsis in such cases

Children so frequently meet with accidents, that it is exceeding difficult to say whether the convulsions have resulted from a blow, or whether the child has an inherited tendency which is just showing itself. Still you will be pressed for an opinion by the parents. If there is any actual injury, such as a depressed fracture, or if the accident were followed by unconsciousness or paralysis, or mental affection, showing that the cortex of the brain had been involved, you will have no hesitation in expressing the opinion that some injury has been done, and according to the seriousness of the injury and its curable character, will be the prognosis. More frequently, however, you will be forced to conclude thát the shock to the nervous system has excited the convulsions. If the injury has been slight, the prognosis is bad, but if the injury has been severe the prognosis is more favorable. If there is evidence of permanent injury to the brain, the prognosis is of course unfavorable. In the case of this boy, I cannot say whether or not he has had a hurt, but we have in the hemiplegia evidence of serious intra-cranial disease. There has been in all probability, a lesion either in the corpus striatum or in the cortical centres corresponding to the muscles of the left side, which has left behind it a loss of substance and a cicatricial condition of the brain itself which is incurable. I should, therefore, in this case, have no hope of eradicating the tendency to convulsions. It will be kept up perpetually by the organic lesion of the brain which exists.

A short time ago I showed the results of a post mortem in the case of a physician who many years ago was thrown from his buggy, his head striking against a tree, causing a depressed fracture of the internal table of the frontal bone over the right eye. He immediately had coma, which lasted two or three days. He recovered, and was apparently perfectly well from 1860, when the accident occurred, until 1881. He served in the army during 1881, and reached the rank of full surgeon. After leaving the army, he settled in a southern town, built up a good practice, and laid by some money. He then moved North, buying a good practice in one of the towns of Pennsylvania. In 1881 he began having convulsions of intense severity, recurring at long intetvals. When the case came under my observation, some eighteen months ago, it gave rise to some embarrassing questions. Had there been an injury to the bone so long as twenty years previously, which had remained dormant, and was there now developing some slow lesion near the seat of injury, the result of this hurt, or had the shock to the nervous system, causing the coma and unconsciousness, left no serious lesion, but now, in consequence of overwork and depressing influences, had there been a revival of this tendency without actual disease, and should we trephine this man or not? For a time we decided not to trephine, but the convulsions continuing, we did trephine, but it did no good; the convulsions continued, and the man died. The autopsy revealed an abscess in the anterior lobe of the right hemisphere, with a secondary abscess in the anterior lobe of the left side. There can be little doubt that a slow, irritative lesion had existed during all these years, and the brain had become habituated to its presence; and it was not until a large area of the brain became involved, that the system responded to its influence and convulsions made their appearance.

In children with convulsions, where there is a history of an injury with perhaps some lesion of the head, you will often find it difficult to decide whether or not any operative interference should be adopted. Usually you will find that you cannot decide upon having the head trephined. Yet I am satisfied that we ought to trephine the head for epilepsy more frequently than we do. Wherever there is a lesion of the cranial walls, although there may be no depressed fracture, where there is possibly some lesion of the membranes, and where the convulsions cannot be controlled, my judgment would be strongly in favor of trephining. I have seen some most excellent results follow this treatment. The lives of these patients are so sad and so sadden the lives of those around them, that although we may to a certain extent control the attacks, yet this is not very satisfactory, and therefore the chance of obtaining a radical cure is worth a good deal of risk.

Another and extremely difficult question comes up in the treatment of young children, such as this lad was fifteen years ago, and that is the question of intellectual development and training. A child of five or six is attacked with epilepsy. Such children are often among the brightest and most intelligent, and frequently are even precocious in their intellectual development. Yet it is clear that if the brain becomes excited by study, too much reading, or violent play, the convulsions will become more severe and frequent. In presenting this question to parents, they have argued that it was better to allow the child to continue at school for if allowed to grow up ignorant, and without mental training, he would, if shut out from the world by reason of his disease, be unable to occupy his mind, and might readily fall into vicious habits; and if the attacks should be relieved he would, in consequence of his want of education, be unable to take his place in life. Therefore they have argued that it was better to take the chances of keeping up the disease than to allow the child to grow up in ignorance. To decide how far we should interfere with intellectual work, and how far the advantages of such interference counterbalances its disadvantages, is one of the most difficult to solve. My own judgment is decidedly against allowing these children to study or go to school. If taught, they should be taught at home, and emulation, ambition, and excitement of every kind should be studiously avoided. They should be taught, as far as it is proper to teach them, at home and not in schools. Specious as are the arguments pressed upon you by the parents against this plan, the results of yielding are usually bad. Epilepsy, even when taken at the earliest period, is not a disease which in my experience has been cured by drugs alone. It has been by the regulation of diet, regimen, and hygiene, and secondarily by drugs. But allowing the child to go to school, and when the convulsions become more frequent, increasing the dose of bromide of potassium, and when that loses its effect, changing to bromide of calcium, bromide of lithium, or hydrobromic acid, can have only one ending—and that is the enfeeblement of the whole nature of the patient, mental, moral, and physical, and the settling upon him of a hopeless bromide habit, without eradicating the epilepsy. There are some few cases in which a radical cure can be effected by drugs. There is a larger number of cases where with proper hygiene and the continued use of suitable remedies, the disease can be kept in check indefinitely. There is a still larger number of cases, and this may be said of almost all cases, in which if you depend upon drugs alone, and do not pay the first and closest attention to the regulation of every point of the daily life, you will find that the case goes from bad to worse, and that the effect of the drugs has been bad, without influencing the disease. There is an enormous amount of damage done by the way in which bromides are used in convulsive affections.

I should regulate the life of such a child in the following way :—Go to bed at seven o'clock and lie in bed till eleven o'clock in the morning; take a walk, come in and study, dine; after dinner, play, or walk again, then rest, and retire at the hour mentioned. Sometimes this can be carried out; at other times the child is so restless that any attempt to enforce such rules will do more harm than good. Where the child can be restrained, I regard prolonged rest in bed as one of the most useful adjuncts to the treatment of juvenile epilepsy. I have seen remarkable results follow this line of treatment. I recall a case in which I suppose a cure has been effected, for it has been a year since the child has had a convulsion. The patient was a boy, born of nervous parents, a boy of brilliant intellect, and ambitious in every way. He had convulsions while teething, and at the beginning of an attack of scarlet fever, when three years of age. He had grown well and appeared perfectly healthy up to the age of eight, when the epileptic attacks made their appearance. They proved obstinate and violent. He was removed from school and sent to a farm, allowed to play out-of-doors, and took bromides in moderation. The convulsions soon stopped, and for six or seven months he was free from them. He was regarded as cured, came home, went to school, and the same thing happened again. The fits proved intractable. They became severe, and recurred with increasing frequency He was again sent to the country, but this did no good. I decided to adopt more radical measures. I persuaded him to go to bed, and kept him in bed for three months constantly. During this time he took regular doses of the bromides, and his diet was regulated with extreme care. The convulsions occurred less and less frequently, and finally stopped entirely, and he had none for several weeks. He was then allowed to get up for an hour each day. The length of time out of bed was gradually increased until he returned to his ordinary mode of life. He has not yet been allowed to return to school. I have seen this same result in many other cases.—*Med. and Surg. Reporter.*

NEW METHOD OF TREATING DEEP-SEATED TUMORS.

There are certain varieties of tumors which frequently make their appearance in the neck, and bear such a relation to the deep blood-vessels that removal by extirpation is too hazardous to be undertaken—tumors which are benign in character, yet endanger the health of persons afflicted with them by the pressure which they make upon surrounding parts. Some of the tumors found in the parotid region are of this benign character but become dangerous to health through the pressure they exert upon the nerves of the region, and through the interference, which they cause with the free movement of the lower jaw. All of the tumors of deep origin in the neck are difficult of removal, and attempts at this procedure are often followed by fatal hæmorrhage or equally fatal phlebitis. Any method of treatment which avoids these unhappy contingencies and promises arrest of growth or complete destruction of the tumors, will be the accomplishment of a great desideratum. In this connection I desire to relate the case of Mrs. L., who consulted me for the cure of a tumor of the parotid region, which first appeared as a small lump beneath, and a little anterior to the ear, some fifteen years ago. She is 37 years of age, of previous good health, sound family history and mother of several healthy children, the youngest three months old. The tumor had attained the size of a goose egg, was of irregular contour, not freely movable and appeared to involve the whole parotid gland. The facial nerve had been paralyzed by the unyielding pressure for several months, during which time she had endured unmitigated pain. The jaws could be separated just barely enough to admit the handle of a spoon. The growth had never been especially rapid, but had increased gradually from the commencement, years ago. Her sufferings were now so intense that she felt they could no longer be endured and consequently she urged to have the tumor removed. With this object in view I put her under the influence of ether and with the assistance of Dr. Chaney and students Babcock and Collar, proceeded to operate as follows: An incision was made just in front of the ear from a point about one inch above the external auditory meatus, and carried downwards in the neck parallel with the anterior margin of the sterno-cleido-mastoid muscles to the external jugular vein. This wound was deepened to thoroughly expose the more superficial part of the tumor. Then with the handle of the scalpel and my fingers, the deeper parts were separated from the surrounding tissues until the base was reached; the external carotid artery was found to pass through the tumor behind the angle of the inferior maxillary bone, at which point there was a considerable constriction of the growth, apparently to accommodate the limited movement of that bone. Stout ligatures were passed about the artery at that point; and also about the constriction. Exploring deeper with fingers and scalpel the base of tumor was found prolonged beneath the base of the skull, and having such a relation to the internal jugular vein that that vessel would require ligation near its origin if further steps at its removal were undertaken. This latter procedure I did not deem it advisable to execute in view of the great danger from excessive hemorrhage or from phlebitis. Accordingly I abandoned the original purpose of the operation and amputated that portion of the tumor which had been isolated by the strong ligature passed about the constriction, introduced a drainage tube into the deep sulcus which I had excavated around the tumor, and brought the external wound together with interrupted sutures. The patient has enjoyed, since the operation, five weeks ago, complete relief from pain, and the tumor has entirely disappeared.

It is apparent that the attempts at isolation of the tumor made in this case must have destroyed all vascular parts passing into the capsule excepting those which enter from the base and are intimately associated with the deep vessels of the neck. Now, the point is that such interference with the vascular supply of these tumours will check their growth and may in some instances occasion their complete destruction. A sufficient supply of blood is maintained through the deep adhesions of the tumor to prevent gangrene and the consequent danger of septicemia, but not enough to maintain the rapid growth which may be expected when these tumors pursue their natural course.

Nussbaum, the experienced Bavarian surgeon, has advocated this method of treatment. It is said that in his hands it has proved a most gratifying success. In the present case the nutrition of the tumor ceased from the day of operation. The color gradually changed from a pale pink to a dull white; and ten days after the operation, was easily removed from the wound with dressing forceps. As a dressing for the wound to guard against septic infection, a solution of boracic acid ℥ j, corrosive sublimate gr. j. in pure water Oij. was douched into it twice daily. There was very little constitutional disturbances following the operation. On the third day the patient resumed the care of her nursing infant and assumed light household duties. Four weeks after the operation she had so far recovered health and strength as to be able to journey by rail to her home, eighty miles from Detroit. The results of operations for the removal of tumors of deep origin in the neck have not been satisfactory in the hands of the average sergeon, nor have his more distinguished colleagues succeeded better, but, I cannot but believe that the method resorted to in the above case admits a wider range of application, and may some day prove useful in the treatment of tumors of the thyroid gland. It is certainly as rational a method for such tumors as is extirpation of the uterine appendages for the cure of uterine myoma. The principle involved is impairment of nutrition by destruction of vascular supply.—*Dr. Wyman*, *Med. Age.*

ANTISEPTIC SURGERY AT BELLEVUE HOSPITAL.

Whether a surgeon believe in the germ theory or not, is a matter of little practical importance; but certain facts which are pertinent to the subject of germ development must be accepted by all. The discharges from wounds contain nutritious material for bacteria of different forms, and these bacteria rapidly avail themselves of the opportunity to propagate their kind whenever they are not prevented from doing so. The products of the decomposition caused by their growth are irritating to a wound, and change the natural order of reparative processes, to say nothing of the probability that special bacteria provoke particular forms of inflammation.

Any one can see bacteria who will take the trouble to look at them, and any one can appreciate the harmful influence of their presence in a wound if he will compare a wound containing many of them with a wound in which few have been allowed to enter. We are possessed of the means for restraining the development of bacteria, and whoever fails to gain this end fails to avail himself of the proper opportunities for making an aggression against the entrance of bacteria into a wound.

If the surgeon be perfectly familiar with the nature of fermentation processes, it is still no easy matter for him to take the necessary precautions for preventing them, and the most rigid following-out of the technique in his methods is required to insure success. Success is sure to follow strict antiseptic precautions, but it must be remembered that bacteria will crawl into the spigot if the bung alone be stopped.

Probably no better place than Bellevue Hospital can be found for comparing the benefits of antiseptic measures with the results of ordinary wound treatment, and in the wards where the details for keeping wounds in an aseptic condition have been carefully studied most gratifying results have been obtained. It is a common thing for very bad compound fractures and the largest of operation wounds to heal under one or two dressings, and such dressings remain perfectly sweet for three or four weeks at a time, so that there is no necessity for the surgeon disturbing them in any way. The patient, instead of having his wounds dressed every day or two while profuse suppuration is draining away his strength, quietly reads his paper and peacefully chews his tobacco while the surgeon passes through the ward and glances at the temperature chart at the head of the bed. In the wards in question pyæmia and septicæmia are unheard-of diseases, and foul, purulent wounds are entirely out of date. Primary union is by far the commonest method of repair, and in granulating wounds the discharge is so small in quantity that it seldom appears through the permanent dressings.

Various methods and different kinds of antiseptic dressings are employed in the different divisions, but the commonest antiseptic solutions are of carbolic acid, bichloride of mercury, salicylic and boracic acids. Iodoform is in constant use. Carbolized gauze, borated cotton, or prepared peat, form the larger part of the bulky dressings. Ligatures are carefully prepared before being used, and so are drainage-tubes and protection silk. The solutions of carbolic acid are aqueous ones, and in the proportions of one part to twenty, one part to thirty, or one part to forty of water. Bichloride of mercury is diluted with from one thousand to five thousand parts of water. Salicylic and boracic acids are usually combined in the proportion of one part of the former to six parts of the latter, and these are dissolved in five hundred parts of water. In some of the wards the orderlies and nurses are given written directions, and the following is a copy of these :

"I. No one shall touch a wound, or the vicinity of a wound, unless his hands are thoroughly carbolized.

"II. No material shall be allowed to touch a wound, or the vicinity of a wound, unless it has been antiseptically prepared.

"III. No sponge shall be employed about a wound unless the sponge has been antiseptically prepared.

"IV. No prepared sponge shall be used after it has come in contact with any substance which has not been rendered aseptic.

"V. Sponges are not to be touched by any person whose hands are not carbolized.

"VI. Sponges employed are not to be used at more than one operation.

"VII. During an operation sponges that are bloody are to be washed in a solution of carbolic acid (1 to 40), and by a person whose hands are carbolized.

"VIII. Protective silk and rubber drainage-tubes are to be kept in bottles filled with carbolic acid solution (1 to 40), and these articles are to be removed by the senior or junior assistants only.

"IX. All material for dressings is to be kept in a perfectly clean place, and the material shall be handled only by carbolized hands.

"X. Dressings are to be made up by such persons only as have carbolized hands.

"XI. Dressings are to be prepared on clean towels and must not touch surrounding objects.

"XII Instruments are to be kept in carbolic acid solution during an operation, and are to be handled by aseptic hands only."

In giving a description of the routine which would be followed in an operation, it is perhaps best to select some particular case. Let us suppose, for instance, that a man who has suffered a compound fracture of the patella has just been brought in. The patient having been undressed is placed upon a table, which is covered with a rubber blanket and which slopes downward from the end where his head lies. The blanket is gathered at the lower end of the table so that irrigating fluids may run into a pail placed for their reception. Above the table is suspended a large pail which contains any one of the antiseptic solutions which the surgeon may prefer, and descending from it is a long rubber tube supplied with a sprinkling nozzle and stopcock. The injured knee is now scrubbed with soapsuds and the hairs in the vicinity are shaved off with a sharp scalpel or razor. The knee and the leg above and below are washed with strong carbolic acid solution, and towels which have been wet with the same are placed in every direction about the limb, leaving exposed only that portion which immediately concerns the operator. One assistant is to share the work of the operating surgeon, another handles instruments, and another manages the irrigator. The nurses handle the sponges which are being used by the surgeons, and all parties, with the exception of the one who gives the anæsthetic, have rendered their hands aseptic. The operator now makes an incision which opens up the knee-joint widely and exposes the fragments of the patella. The fluid from the irrigator is thrown in jets over the wound and all clots are washed away. Bleeding vessels are attended to, and the fragments of bone trimmed so that they be readily approximated, and at frequent intervals the irrigator is made to play over the exposed parts. The patella having been firmly wired with strong silver wire, the soft parts are brought into place and sutured with catgut, each structure being separately sutured. A drainage-tube has been inserted through a counter-opening at the most dependent part of the synovial sac, and everything is ready for the dressings. Iodoform is first sprinkled over the wound, and then strips of protective silk are laid upon the sutured line of incision. Wads of loose carbolized gauze are placed about the knee to allow of free percolation of discharges, and over all a bulky dressing of borated cotton, between layers of carbolized gauze, is bandaged with a carbolized roller bandage. Any splint which the surgeon may prefer is then applied, and the patient placed in bed. If serum appears through the dressings afterward, iodoform is sprinkled over the part and an additional wad of borated cotton bandaged on. Should the surgeon wish to change the dressing an irrigator is employed for sprinkling the knee while this is being done. If absorbable drainage-tubes have been used the dressings will probably not be changed for several weeks; but if the drainage-tubes be of rubber they would be removed at the end of ten days.

A patient treated in the manner described would probably not have at any time a temperature much above normal, and it is a common thing for all of the vital signs to remain normal after the first day or two. In case the temperature should run up to 102° F., a change of dressings and a purge would be indicated.

After the patient has remained quiet long enough for reparative processes to be completed the dressings are removed, and the surgeon has only to begin passive motion for the completion of his restorative measures.—*Med. Record.*

RODENT ULCER AND EPITHELIOMA.—Dr. Hume (*Brit. Med. Jour.*, Jan. 5, '84) says: The only conclusion which seems to be borne out by all the facts, both pathological and clinical, is that rodent ulcer is a form of epithelial cancer which begins in the external root-sheath of the follicles and in the sebaceous glands. It is of the same essential nature, therefore, as epithelioma; but it differs pathologically in the mode of development of its cell-growth, just as it differs clinically in the absence of gland-infection and in its slight general malignancy.

Some explanation of these clinical differences may be found in the character of the cell-growth in the two diseases. In epithelioma, there is a marked tendency to an unrestrained cell-infiltration of surrounding structures, so that infection of the lymphatic system readily occurs. The cell-growth of rodent ulcer, on the other hand, is in the form of isolated masses which, originating in the follicles and sebaceous glands, are, at least for some time, restrained by the firm fibrous sheaths of these structures. The tendency of these masses is, therefore, to cause, by their pressure on the tissues, a persistent ulceration in which they, as well as the tissues, perish. But because this local destruction takes place rapidly, and because of the absence of cell-wandering, lymphatic infection is not prone to occur.

The suggestion was made some years ago by Mr. Jonathan Hutchinson, that the difference between the two forms of epithelial cancer must be determined in some way by the difference of locality in which they occur. The foregoing account of the genesis of the cell-growth in rodent ulcer, seems to supply the *rationale* of this suggestion. Commencing in the continuity of a skin-surface, rodent ulcer is peculiarly apt to attack that part of the face—the side of the nose—in which the sebaceous glands are strongly developed, and I have endeavored to point out the manner in which the structure, when the disease begins, determines its onward course. As bearing upon this supposed influence of locality, it would be an important point to decide whether an ulcer which began as undoubted rodent ulcer in the upper half of the face may not become changed to the epitheliomatous type, when in its ravages it reaches the region of the mouth. One or two cases which I have seen in a very advanced period of their course, in which the invasion of the region of the mouth appeared to be speedily followed by glandular infection, seemed to lend countenance to this view.

MEDICAL ETHICS.—Dr. Gihon, medical director U. S. navy, president of the naval medical society, read a paper on "Medical Education in Relation to Ethics" before the Section in State Medicine of the American Medical Association, at Cleveland, June, 5, 1883, which is published in the journal of the association, with the following note appended: "I deem it proper to reaffirm my loyalty to the code to which I have subscribed, without, however, surrendering the right, which in common with every intelligent man I claim, to criticise what I may think objectionable, and to call attention to the inconsistencies of its avowed adherents, who, attempting to observe its letter, ignore its spirit. I fail to see why honest advocates of its principles should be placed in an attitude of "rebellion" for merely defining these principles by the more liberal light of this day. The code properly interdicts any admission of the orthodoxy of the professors of exclusive dogmas, whether of homœopathy, allopathy, hydropathy, or the like; but it nowhere prohibits the intelligent physician giving *his* advice to whomever may seek it, especially when emergencies and the dictates of humanity demand. No one can more energetically discountenance than myself the impossible co-treatment of any case of disease by an educated physician and a charlatan, empiric, quack or ignoramus, however regular; but it is quite another matter when one's own opinion is solicited in the interest of suffering humanity. I have yet to hear of any one of our profession soliciting an opinion from any of these, and without such an interchange of views there can scarcely be considered any *consultation*, in the sense of the clinical co-operation properly denounced by the code. Any narrower assumption will, as I have endeavored to shew in this paper, necessitate the ostracism of those of our famous colleagues who have associated as fellow medical members with homœopaths and eclectics in the professional work of the national board of health, state boards of health, boards of medical examiners, etc.; and I feel assured that the overwhelming sentiment of the American Medical Association will be in favor of the liberal interpreration I have here given the code, with the previous knowledge and approval of the surgeon-general of the navy."

PROFESSOR STOKES ON NERVE-STRETCHING.—Following closely upon the report of Mr. Marshall's Bradshawe lecture at the College of Surgeons, on "Nerve-Stretching for the Relief or Cure of Pain," comes an account, from Prof. W. Stokes, of Dublin, of the results obtained in two cases of locomotor ataxia in which the sciatic nerve was stretched. In the former of these the success was sufficiently encouraging. The operation was followed by the restoration of plantar sensibility, by marked diminution both in frequency and intensity of the shooting pains, and by temporary relief from vesical irritability. There was no return, however, of the patellar reflex, no improvement in locomotive power, and no change in the muscular incöordination. The force employed was estimated roughly at about eight or ten pounds. Antiseptics were used, and the wound, though slow in healing, was always aseptic. In the second case both sciatic nerves were stretched, and very marked and abiding were the beneficial effects, although "severe constant pain at the situation of the operation, accompanied by spasmodic contraction of the muscles of the leg, were complained of by the patient for some hours after the operation." The lightning pains were absolutely abolished; there was temporary increase of power in the legs, and the urinary troubles were abated. Prof. Stokes remarks that the *rationale* of the treatment remains as yet unexplained, although he admits a possible solution of the problem based on the observations of Drs. Brown-Séquard and Bastian, that the operation produces "a certaim amount of vaso-motor paralysis resulting in vascularity and increased temperature, and that these may lead to improved nutrition of the affected part." Prof. Stokes differs from Mr. Marshall as to the advisability of using a dynamometer to estimate the force exerted, since he has decided to employ it in future operations. Prof. Stokes' experience leads him to the conclusion that a force of ten pounds is sufficient for the sciatic nerve. Mr. Marshall thinks one of thirty pounds is a very safe one. Both assert eighty-eight pounds, the maximum fixed by M. Artant, to be replete with danger. Reference may be made to Mr. Marshall's lecture in *The Lancet* of Dec. 15th, 1883, and to a leader thereon in the succeeding number. —*Lancet.*

A NEW DRESSING FOR WOUNDS.—From Prof. Bruns, of Tübingen, we receive a fresh addition to our means for carrying out the after-treatment of wounds, in the form of a preparation which he calls "wood-wool," and which he recommends to surgeons (*Berl. Klin. Woch.*, No. 20). Fine-grained wood in the form of splinters and shavings, such as are largely employed in paper factories, according to Bruns, is the kind of material to be used in preparing the dressing which is called wood-wool. Pine wood is preferred, and especially the *Pinus picea*, which is poorer in resin and of coarser grain as compared with the wood of other pines and firs. The further preparation of the wood shavings and splinters consists in their reduction to a state of finer division by being rubbed though a wire sieve, then dried, and finally impregnated with various antiseptic substances. That considered best is a half per cent. of corrosive sublimate and ten per cent. of glycerine (the percentage apparently referring to the ratio between these substances and the wood-wool). The advantages of such a dressing are believed to be manifold. Compared with ashes and turf it is absolutely clean, fresh, and of white color, and is soft and pliable like ordinary wool, and, withal, of extraordinary cheapness. It possesses, in virtue of its contained resin and ethereal oils, certain antiseptic properties, and is so easily adapted to the wounded parts and of such elasticity that a uniform and equable pressure is easily obtained. Its principal property, however, is its extraordinary power of taking up fluids: in this it excels all other forms of dressings; it absorbs twelve times its own weight of fluid, so that ten grammes of dried "wood-wool," after complete saturation, weigh one hundred and thirty grammes. Simple sawdust absorbs only three to four times and a half its weight of water, ashes only nine-tenths, and sand only four-tenths. This dressing has been in use by Bruns for half a year, and he has every reason to be greatly satisfied therewith. With the exception of one case of erysipelas, no secondary accidental wound-diseases were met with.—*Med. Times and Gazette.*

TREATMENT OF SPINAL CARIES BY OPERATION.—A paper by Mr. Frederick Treves on the above subject was read and discussed before the Royal Medical and Chirurgical Society. Mr. Treves con-tended that the gravity of spinal caries depends not so much upon any special pathological feature in the process as upon the depth at which the disease is situated, and its inaccessibility to the usual operative procedures applied to caries elsewhere. Diseased bone cannot be removed from the vertebral bodies, and the morbid products having to travel a great distance in order to be evacuated, are apt to induce immense purulent collections. These collections are usually opened at a point remote from the original seat of the disease. In the operation proposed by the author the anterior surfaces of the bodies of all the lumber vertebræ and—with some reservation—of the last dorsal vertebra, can be reached from the loin. A vertical incision is made near the outer edge of the erector spinæ; the sheath of that muscle and the quadratus lumborum are cut through; the psoas muscle is incised and the vertebræ reached by continuing the operation along the deep aspect of that structure. The details of the procedure are fully described. By means of this operation the vertebræ can be readily examined, carious or necrosed bone can be removed, a ready and direct exit can be given to all morbid products; an abscess situated in the psoas muscle or in the lumbar region can be evacuated while it is yet small, and before it has led to a huge abscess cavity. If a large psoas or lumbar abscess exist it can be evacuated at its point of origin, and at a spot that, in the recumbent posture, corresponds to its most dependent part. If Hueter's statement be true, that the two vertebræ most frequently attacked by caries are the last dorsal and first lumbar, the operation should be capable of frequent application. The author details three cases in which he performed this operation. All the patients made a good recovery. In one of the instances he evacuated at its point of origin a psoas abscess containing forty ounces of pus, and removed from the body of the first lumbar vertebra a large sequestrum measuring one inch by half-an-inch. The immediate improvement in this patient's condition was very marked. In another case the psoas abscess had been opened in the thigh some months previously. By this operation a counter opening was made at the point of origin of the abscess from the lumbar spine, and the entire abscess cavity was drained by a tube passing from the origin of the psoas muscle to its insertion. —*Med. Times and Gaz.*

THE COUVEUSE, OR ARTIFICIAL NURSE.—This apparatus was introduced into the Maternité at Paris, by Tarnier, in 1881. It is composed of a wooden box, the walls of which are about four inches thick, and filled in with sawdust. The box rests upon a pedestal The height of the whole couveuse is thirty-eight inches, length twenty-eight inches, depth thirty-four inches. It is divided into two compartments by a central division. The lower compartment contains warm water; the upper is for the infant. The metal case holding the warm water almost entirely fills the lower compartment. Between the walls of the box and the metal case is a free space for the circulation of air, which enters from the bottom of the apparatus, and after circulating, escapes through apertures in the top.

The infant is placed in the upper compartment. It is separated from the water-tank by an air-space, and communicates with the exterior by two openings, one for the escape of air, the other for removing the infant when necessary.

A thermo-siphon is attached to the water-tank, which heats the water by a spirit-lamp. The temperature is determined by placing a thermometer by the infant. The water is removed by the stopcock at the bottom, and introduced through the upper tube leading from the thermo-siphon. The temperature is kept at a mean of 86° F. Dr. Budin has attached an electric alarm, in case the heat becomes too great.

At the Maternité the infant is generally placed under the care of a nurse, as the mother is usually in another ward. When the infant is born before term and is very feeble, it is fed on pure asses' milk from a spoon or glass. The infant is clothed just as other nursing infants. The linen is changed five or six times a day, and a daily bath is given.

SYPHILITIC NEURALGIA. — Prof. Seeligmueller read a paper on this subject at the Fifty-sixth Versammlung Deutscher Naturforscher which recently met in Freiberg.

Neuralgiæ, he said, which are recently related, etiologically, to constitutional syphilis, are nothing like so uncommon as would be supposed on reference to the literature of the subject. He does not refer, of course, to the cases of neuralgia following syphilitic periostitis, or to the osseous pains, but only to such cases in which the pains occur along the tracts of nerves. Such cases have been observed by Fournier in the course of the supraorbital and sciatic nerves. Seeligmuller has also observed them in the course of other nerves, as the intercostals, the brachial plexus, and the great occipital.

Lately he has observed, it seems, a very typical localization of syphilitic neuralgia in the head, and certainly along nerve tracts, which were formerly supposed to be cases of isolated neuralgic affections in unusual places. In these cases the pains were spontaneous, as though pressure had been made along a tract two or three fingers wide, and which extended on both sides from the ear upward to the top of the head. He has further seen cases in which the pains were confined to a limited zone and to the course of sensitive nerves, as the auriculo-temporal and small occipital. There was no middle ear disease in any of the cases.

The time at which the neuralgic affection comes on after syphilitic infection varies from two to fifteen years. The treatment is, of course, antisyphilitic.—*Deutsche med Wochenschr.*, October 24, 1883.—*Med. News.*

The Treatment of Acute Bronchitis.—With the view of promoting the free secretion from the bronchial mucous membrane, Dr. Main (*Glasgow Med. Jour.*) has found nothing more useful, both for adults and children, than the following; ℞. Potass. bicarb., ʒ iij.; tr. hyoscy., ʒ iij.–ʒ iv.; spt. æth. nitrosi, ℥ ss.; spt. chlorof., ʒ ij.–ʒiij.; aq. ad. ℥ xij. M. And ℞. Acidi citrici, ℈j.–℈ij.; aq. ad. ℥ vj. M. Sig. Two tablespoonfuls of the former mixture to be taken with one of the latter during effervescence every three or four hours (for an adult). If the secretion be profuse and the heart's action weak, he has often found the following mixture useful: ℞. Acidi nitrici dil., ʒ ij.; tr. bellad., ʒ ij.; spt. chloroformi, ʒ ij.; aq. ad. ℥ xi. M. Sig. Two tablespoonfuls every four hours (for an adult). "In dealing with children, it is well to bear in mind that, if the amount of secretion be excessive and embarrasses the breathing, a timely stimulating emetic, such as carbonate of ammonia, or mustard, often proves invaluable. This now brings us to the stage approaching convalesence, in which such drugs as quinine, vegetable bitters, steel, nux vomica, and the dilute mineral acids all have their uses; and when convalesence has become established, I am of opinion that if we can get our patient persuaded to take cod-liver oil for a month or two, it has the effect of preventing a fresh attack.—*Med. and Surg. Reporter.*

A Novel Method of Bleeding.—The *Brit. Med. Jour.* notes the relief of a case of cerebral congestion through blood-letting by means of a novel device. The patient, a fat, plethoric lady, fifty years of age, came under the charge of Chas. Coppinger, F.R.C.S.I., and at the time of the surgeon's visit was in a condition of stupor, out of which she could be roused with some effort, but only to relapse into sleep again. Her breathing was heavy, and she presented all the symptoms characteristic of an overloaded vascular system. The indications for treatment were plain, and leeches not being obtainable, depletion by means of venesection was proposed. The friends of the patient, who were ladies, gave their consent, but were horrified at the suggestion of so barbarous a proceeding, and Mr. Coppinger anxious to spare them the sight of blood, then and there conceived the idea of substituting the aspirator for the lancet. The patient, who had not long before been treated for hemicrania by hypodermic injections of morphia, was roused up and told that the needle was about to be "inserted into the skin of her neck, to which she at once consented." The needle of the aspirator was then passed into the external jugular vein, which was much distended, and four ounces of blood were withdrawn without difficulty. The result of this trial being satisfactory, the surgeon repeated the operation in the course of a half-hour, abstracting six ounces more of blood. The patient was speedily relieved of her alarming symptoms, and neither she nor her attendants suspected that she had been bled, until the procedure was subsequently explained to them.—*Med. Record.*

Iron Hypodermically in Anæmia.—Dr. J. M. Da Costa is using hypodermic injections of iron for anæmia, in a case of combined malarial toxæmia and lardaceous disease of the viscera, including the intestinal glands. To the other solutions for this purpose he prefers a double salt produced by the addition of pyrophosphate of iron to a solution of citrate of sodium. Two grains of the salt, in this form, are given every day, varying the points of puncture, but generally administering it under the extremities; in this form no abscesses have been observed. With other solutions of iron, including dialysed iron, abscesses were quite common even with every precaution as to the cleanliness of the syringe. In a case last winter of idiopathic anæmia (pernicious?) these injections not only arrested the patient in a downward course, but actually worked such a change that his strength and appetite returned and he was afterwards discharged in good health. This case is not called pernicious anæmia because the patient did not die; but if an opinion could be based upon the previous course of the disease, and his chlorotic condition at the time of the change in his treatment, no other diagnosis and no other prognosis would have been entertained than that mentioned, by any ordinary observer.—*Boston Medical Journal.*

Hysterical Pseudo-Phthisis.—The *Practitioner* (Dec., 1883) reproduces from *Centralblatt für Gynâcologie* (Sept. 8th) an article by Dr. Fabre describing a condition simulating phthisis often found in young women suffering from chlorosis and hysteria. There is a cough, with expectoration, and even spitting of blood. Physical examination reveals dulness at the apex (usually on the right side), feeble respiration, and occasional râles. The author regards these symptoms as due to a vaso-motor disturbance exciting a pulmonary congestion. Other organs may also be subject to functional disturbances. Obstinate anorexia, gastric pain, occasionally diarrhœa, but more frequently constipation, are not seldom present. The pulse is weak and frequent, like that of fever, although the temperature may be normal. Sometimes, however, there is elevated temperature, but it is only transitory, and regular evening exacerbations are never observed. The expectoration is not purulent, but may be mixed with blood. While in true phthisis there is emaciation, in these cases the patients often increase in weight. Sweating, as a rule, is not met with

The differential diagnosis is often difficult, and the author relates that cases have not infrequently occurred in which a diagnosis of pulmonary consumption was made, but the patient nevertheless recovered. The condition may exist without material improvement for months, or even years.—*Bost. Med. and Surg. Jour.*

Wound of Lung—Recovery.—On the morning of Nov. 2nd, I was called to see P. R., of Ballymaneen, who was suffering from a stab inflicted with a penknife, some hours previously. On making a careful examination I discovered five wounds, four of them were insignificant, but the fifth penetrated deeply between the eighth and ninth ribs on the left side, leaving an opening from which a piece of lung, about three and a half inches long, was protruding. An attempt to reduce it failed, owing to the wound constricting the protruding portion; having therefore put on a piece of wet lint and a bandage over it, I allowed it to remain and slough of its own accord, which it did on the twenty-second day after the receipt of the injury. After the third or fourth day, I employed carbolic oil, owing to the fœtor of the discharge, and continued its use until the portion of lung had come away. Then the wound healed rapidly with zinc and carbolic ointment. On the twenty-fifth day after the injury, I allowed the patient to get up, and since then he has been able to return to his ordinary occupation, without any interference with the movements of the chest. All through there were no bad symptoms, the pulse never going above 100 beats in the minute, nor the temperature above 99° Fahr. This was remarkable, as the man used to drink freely; but in the treatment I kept him strictly low, refusing to allow him stimulants of any sort.—A. H. Hayes, *Brit. Med. Jour.*

Iodoform in Compound Fractures.—Prof. Mosetig, of Vienna, while irrigating the wound with pure water, removes all clots and spicula of bone and coaptates the fractured ends, resecting them if necessary. After drying the wound, he throws a thin layer of iodoform into the medullary cavity by means of an insufflator. He then passes into the wound an emulsion of iodoform, for instance: R. Iodoform subtil. pulv.; glycerini, *aa* 20.00; aq., 10.00; g. tragacanth, 0.15. M. Exact. f. emulsio. This runs into all the little pockets of the wound.

The fragments are adjusted, metallic sutures being used when necessary; drainage tubes are introduced and the whole covered with a layer of iodoform gauze (50 per cent.) and this is covered with cotton. The first dressing can remain unmolested for three weeks or longer, unless fever occurs (the aseptic fever of the first day not included). With the above dressing, Mosetig treated successfully, within the last two years, thirty-seven compound fractures without even having noticed continued septic symptoms.—*St. L. Med. and Surg. Jour.*

Gastrotomy and Dilatation of the Œsophagus.—On October 24th last, Professor Loreta performed, in the surgical clinic of Bologna, a new and important operation—dilatation of the œsophagus from the stomach. The patient was suffering from stricture at the lower third of the œsophagus, produced by extensive cicatrization, the consequences of swallowing caustic potash. The site, nature, and degree of the stricture were such as to render useless any operation undertaken by the mouth. The patient was reduced to an extreme degree of emaciation, from the impossibility of taking sufficient nourishment. Gastrotomy was performed, and a passage secured for the introduction of the dilator into the stomach; it was then pushed up the œsophagus, and the stricture thoroughly dilated. The operation only lasted half an hour, and was most successful; on the first day, the patient was able to swallow food easily. The incisions united by first intention; there were no signs of peritonitis; and, on the fourteenth day, the patient was well. The sound passed without difficulty, and, probably, its periodical employment will render the cure permanent. On November 4th, Professor Loreta also successfully performed dilatation of the pylorus, in a young woman aged 26.—*British Medical Journal.*

Bromide of Arsenic in Diabetes.—Dr. Pekai, clinical assistant to Professor Karaonyi of Buda-Pesth, from a series of experiments with bromide of arsenic in diabetes, proves the remedy to be exceedingly satisfactory. He uses a solution prepared as follows:

R. Arsenious acid.
Carbonate of potash.
Bromine............ ....*aa* gr. jss.
Water........................q. s.

The arsenious acid and potash are placed in an eprouvette, five drops of water are added, and treated until the liquid is limpid. Then sufficient water is added to make two and a half drachms by weight, and then the bromine and the whole let stand for twenty-four hours before use.

The solution was administered by placing three drops in an ounce of water, of which three equal doses were made. The quantity being increased, an additional drop every three days until ten drops a day were administered.

Remedy for Burns.—During a recent visit to a patient in an adjoining town, I was hastily summoned to see a woman badly burned (while lighting a fire with coal oil) on the hands, arms, and around the body where her clothes were fastened to her person. Not having any of the ordinary remedies at hand, except cold water, which *en passant*, is one of the best where it can be properly applied, I mixed hog's lard with *four times* its weight of common bread soda (the bicarbonate), which is used here in the homes of many for mixing with the dough in bread-making, and applied it as a salve to the burned parts, and I never saw a case of the kind do better under any treatment. The wounds were kept well covered with it, and they all healed very nicely without inflammation and with very little suppuration. Indeed, they seemed to *dry up* under it. I shall try it in the future in all similar cases, until I find something better.

CERVICAL ENDOMETRITIS. — Boracic acid is highly recommended by Dr. W. H. DeWitt in the treatment of cervical endometritis (*Cinn. Lancet and Clinic*). He cites a case in which, after going through the entire list of remedies used in such cases, he determined to test the value of boracic acid. Moistening a camel's hair pencil and covering it with the powder, it was carried as high up as possible; at the same time the convexity of the neck was also covered with the acid, on account of excoriation. Four days later there was very decided improvement, and the acid was then applied by packing the cervix with it as firmly as admissible. The patient was directed to elevate the hips and remain in that position for two or three hours, in hopes that some of the acid would find its way to the parts above the cervix. In one week, another examination was made, when it was found that all inflammation had disappeared.—*Weekly Med. Record.*

SUBCUTANEOUS INJECTIONS OF ETHER.—Dr. C. E. Sheely (*Brit. Med. Jour.*, Nov. 17, 1883) has had good results from its use as a stimulant. The dose is from fifteen minims to half a drachm. He thrusts the needle through the true skin and superficial fascia, and then enters it for about three-quarters of an inch parallel to the surface. He has never seen abscesses result. As ether is a ready solvent of fat, it is advisable to look to the leather packing of the piston of the syringe as soon as possible after using it, and to re-oil it. The ether also attacks the cement used to secure the mouth to the glass barrel, and they will, sooner or later, become loose. Moreover, as it acts upon "celluloid," a syringe made of this material should not be used.—*Med. & Surg. Reporter.*

A NEW CURE FOR BUNIONS.—To the New York Pathological Society (New York *Med. Jour.*, Dec. 15, '83) Dr. L. H. Sayre presented some metatarsal bones which had been removed from either foot for bunion. The patient was a man about forty years of age, in whom the condition of the foot, which had existed for many years, gave rise to much difficulty in walking, and on two occasions had caused suppuration. The metatarsal bone was removed by means of a bone forceps through an incision on the dorsum of the foot. The incision was closed with black silk, the wounds united in less than two weeks, and the patient was now able to get about with comfort and had a movable joint.—*Med. and Surg. Reporter.*

THE HYPODERMIC SYRINGE.—Dr. Frank D. Stephens reports in the *Medical Record* that he has had no trouble with his hypodermic syringe since he adopted the method of adjusting a rubber tip to the lower extremity of the syringe. For this purpose he uses the upper two-thirds of a common rubber tip, such as is found on an ordinary medicine-dropper. In this way the syringe is kept air-tight, and if care is taken to leave a little liquid in the syringe after using, the packing will remain moist and pliable for a long time.

LOCAL ANÆSTHESIA.—According to the *Medical News*, local anæsthesia may be readily produced by applying with a camel's hair brush the following mixture :—

℞	Chloral,	
	Camphor,	*aa* ʒ j,
	Morph. sulphat.,	ʒ ss,
	Chloroform,	℥ j. M.

Sig.—To be applied with a brush to the area to be incised.

"URSU-OSIS."—It is said, and probably with truth, that the year never ended with so many persons made actually sick by the bearish condition of the market. Melancholia, general nervous asthenia, with occasionally sugar in the urine, seem to be the characteristic features of a condition which we may term "ursu-osis." About seventy per cent. of all railroad presidents, ironmen, and buyers on margin are now affected with it.—*Med. Record.*

A CASE OF DEATH FROM THE INHALATION OF ETHER occurred at a clinic at Bellevue Hospital recently. The patient was a boy with apparently sound lungs and heart. He was under ether for about an hour and a half when he suddenly ceased to breathe, and all efforts at resuscitation failed. —*Med. Record.*

A MAN WHO ABSTAINS FROM LIQUOR, as shewn by insurance tables, at 20 years of age has a chance or living 44.2 years; at 30, 36.5 years; at 40, 28.8 years. An intemperate man's chance at 20 is 15.6 years; at 30, 13.8; at 40, 11.6.

THE CANADA LANCET.

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The LANCET *has the largest circulation of any Medical Journal in Canada.*

THE SPREAD OF MEDICAL KNOWLEDGE.

We have been much surprised and gratified at the widespread interest that is taken by newspaper readers, comprising of course the majority of the population, in medical science, when that science is brought within the scope of their comprehension. Should any one be inclined to doubt the fact, let us take up a well known Toronto daily of the date at which we are writing—an entirely hap-hazard method of proving our assertion—and see what we find :—

Temperance in Sweden ; tea-leaves for burns and scalds ; dressing and undressing the sick ; cure for styes ; how to tell diphtheria ; how to cure a cold ; Canon Farrar on temperance ; milk fever ; tar for burns and scalds.

All these, exclusive, of course, of advertisements, are inserted in one issue of the usual eight pages, at a time when there is an actual plethora of news —Orange riots ; war in the Soudan ; France and China ; election returns ; controverted elections ; trades congress ; Exchange Bank ; the University question ; cable news ; etc.

Here, again, is a paper of a totally different type, one devoted to trade ; the first we happen to lay our hands on is *Cotton, Wool and Iron, and Boston Journal of Commerce*, of the date of October 6th last. In this we find the following .—

Lotions to prevent chilblains ; salicylic soap ; dichloracetic acid for warts ; treatment of snake bites ; rational dress reform ; tobacco smoke ; hydro-quinidine and quinidine ; hydro-bromic acid ; solidified bisulphide of carbon ; the mush disease (a column and a quarter—about twelve hundred words) ; the remedies of nature (three columns and a half—about thirty-three hundred words).

Thus throughout the whole of the periodical literature of the present day, a very large part of what is technically known as *padding*—that is matter other than late news, which would suffer from delay in insertion—is composed of the thoroughly practical, sensible ventilation of the sources, prevention and cure of perhaps minor, but truly important maladies. It is not, of course, recondite and intricate problems of medicine and surgery that are discussed—one would not expect in our daily papers abstruse discussions on ligation of the carotid or the transfusion of blood—there would soon be an outcry against that ; but it is generally to those slight divergences from health, which make up indeed the majority of ailments, that attention is paid. Such, for example, as the results of the variations of temperature, inefficient or unscientific wearing apparel, innutritious food, insufficient exercise, disregard of cleanliness, deprivation of fresh air, etc.

Attentive readers have also doubtless observed that the newspaper press has not unfrequently made insinuations and complaints against the medical profession for the exclusiveness with which, it is said, they devote their attention only to the higher branches of medicine and surgery. Nor is this a phantom only, for in several instances these complaints have found definite utterance.

Another and fruitful source of the inuendoes we have remarked upon was the practice in former years—falling happily into comparative desuetude in the present day—of clothing all medical utterances in the technical language of the schools. This did much to foster the habit of looking upon the profession as a somewhat pedantic and supercilious body of men.

The fact, then, to which we would point those who indulge in such complaint is, that all this vast mass of useful medical knowledge, imparted to them gratis in the pages of their daily paper, is in reality the production of that profession which they assert is remiss in its duty in this very direction. This is the point that is overlooked. Fifty per cent. of this useful scientific knowledge is anonymous ; ninety per cent. of it is probably clipped from purely medical magazines (of which the

Newspaper Directory shows there are above a hundred in the United States alone); and since each paragraph is not signed by an M.D., etc., the source from which it is obtained is unnoticed and unknown. Again, for these trivial ailments, a medical practitioner is rarely consulted. He has, therefore, rarely an opportunity of expressing verbally the genuine interest which he may truly possess in minor affections, and none whatever in the way of pointing out preventive measures.

We would therefore most emphatically point out that for all this knowledge in regard to the cure of disease, the public is indebted to that large class of thoughtful and philanthropic men, learned in all the known laws of nature, who are daily spending much time and money in investigating the commonest affections of everyday life, and gratuitously publishing the results of their research.

THE MEDICAL LIBEL CASE.

This was an action for alleged libel instituted by Dr. Lennox, one of the physicians of the "International Throat and Lung Institute" of this city, against Drs. McCammon, of Kingston, and Bray, of Chatham, members of the Ontario Medical Council, for statements made by them at the meeting of the Council in June last, and reported in the *Mail* newspaper of that date. At this meeting the question of appointing a public prosecutor came up for discussion, during which special reference was made to Drs. K. & K. and Souvielle, of "Spirometer" fame, as quacks; also that Canadian physicians, who hired themselves to quack American firms, who were thus enabled to practice under cover of a Canadian practitioner's license, were also practically quacks. Dr. McCammon, it is alleged, referred to such parties as "medical prostitutes who were a disgrace to the profession," and prevented the bringing of the quacks to justice. Dr. Lennox, who is a licensed practitioner, felt himself aggrieved by Dr. McCammon's remarks, and sued for $10,000 damages, for defamation of character, claiming that the statements made injured him personally and in his profession.

The defence in the action was that the plaintiff was not mentioned, inferentially or by name, and the defendant, Dr. McCammon (whose case was the first called), was not at that time aware of the existence of the "Throat and Lung Institute," and also that he did not use the words given in the *Mail's* report, although they were to that effect. The case was tried before Judge Rose—Dalton McCarthy for the plaintiff, and Christopher Robinson for the defendant. Dr. Lennox, the principal witness in the prosecution, was rather severely handled by the counsel for the defence, with reference to the extravagant statements published in the advertising columns of the *Mail* and other papers. The statements referred to, the witness claimed, were written by "Souvielle." A number of medical men were present during the trial, and considerable interest was manifested in the case. The ruling of the judge in the matter of privilege on the one hand, and the necessity of proving malice on the other, was not satisfactory to the counsel on either side, and they consequently agreed that his Lordship should enter a verdict for the defendant, and allow the points of law to be argued before a full bench, with leave, in case the judge's ruling is not sustained, to enter a new trial. We have no doubt this will be the end of the matter, and we congratulate Drs. McCammon and Bray on the result. They were but doing what they conceived to be their duty in the position in which they were placed. We believe these actions were instituted more with a view to a free advertisement for the "Spirometer men" than for any other purpose, and if they are satisfied with the result of the trial in this respect after the report in the *Mail*, the general profession, at all events, has no occasion to complain.

Inasmuch as the defendants have been put to great expense, inconvenience and loss of time, in defending these suits, and as they were acting in a public capacity, and in the interest of the general profession when the alleged libellous statements were made, we think their expenses should be borne by the Medical Council. As an example of how such things are done across the Atlantic, we would refer to the "Bower and Keates' case."

THE BOWER AND KEATES' CASE.

The case of civil and criminal prosecution against the above named gentlemen has stirred to its very depths the fraternal sympathy, and called forth the moral and pecuniary support, of our professional brethren in England. In the autumn of 1882, Drs. Bower and Keates performed the opera-on of tracheotomy upon a child suffering from iphtheria, but the disease progressed rapidly to a tal issue. Shortly after the trachea was opened, e tracheotomy tube became choked with a poron of membrane, and the father of the child was sked to remove the obstruction by oral suction. This he did, but unfortunately contracted diphthea, and to compensate himself for his pecuniary ss in consequence, brought an action for damages gainst the medical attendants. The result was at the jury was discharged without giving a verict, and a new trial was instituted.

A few months ago, nearly a year or so after the leged offence, a criminal action was instituted gainst the defendants, for having through gross nd criminal negligence sacrificed the life of the hild. The specific points were: that the temperaure was not taken ; that the throat was not exmined ; that chloroform was not given ; and that roper stimulants and proper diet were not ordered. t is not at all necessary to remark upon the frivoous and vexatious nature of the charges, suffice it say, that after five days' hearing of the charge of anslaughter, the presiding magistrate dismissed he case without calling upon the defence, remarkng that he would not only be sanctioning a proseution but a persecution as well, if he allowed the ase to proceed. The medical gentlemen in quesion came out of the ordeal not only with their eputations unstained, but with the esteem and ympathy of their medical brethren both felt and xpressed as may be seen by reference to the large nd generous subscriptions to the "Indemnity Fund" which have been forwarded by their conreres in all parts of the kingdom, to defray their xpenses. Upwards of sixteen hundred letters ontaining subscriptions varying from £10. 10s. to s. 6d. each, have been received by the secretaries, mounting in all to fifteen or sixteen hundred ounds sterling. The *Lancet*, in commenting on his case says :—"As a matter of history, the primary impulse to this movement came from two members of the College of Physicians—its honored President, Sir Wm. Jenner, and Dr. Moxon. The President felt that the College as a college had no unds out of which to help Messrs. Bower and Keates. But he remembered that there is one ource of power and sympathy greater than the rporations—the profession itself. He rightly ged, too, another factor in this successful movement, which it would be alike ungenerous and absurd to ignore—the willingness of other representative members of the profession to co-operate with himself and with the profession in any course for vindicating the honour of medical men. It would be invidious to single out names where all have done so well. The result must be very gratifying to those who led the way. It must beget the conviction that the profession only needs to be well led to act with union and with effect, and that it would be no great misfortune if the "persecution" of an occasional martyr or two like Messrs. Bower and Keates gave an opportunity for showing the solidarity and strength of the medical body. As to our own part in this matter, it is not for us to speak. The credit due to us is only that of estimating rightly the too little recognised forces of professional sympathy and interest. Hitherto there has been nothing in the organization of our profession to connect its members one with another, or with its principal corporations. We must hope for better days in this respect. Meantime the movement on which we comment shows that the profession is one, and would act with infinitely more effect if it could be more consolidated."

JOHN REDDY, M.D., L.R.C.S.,I.

The sudden and unexpected death of Dr. Reddy, of Montreal, which took place on the 23rd ult., in Dublin, whither he had gone on a visit, was a painful surprise to his friends and relatives in Canada. He left Montreal in June last, for a tour of the continent and a visit to his native land, for the benefit of his health. He travelled through England, Germany, France and Italy, and returning to Ireland, proceeded to Dublin, where he died. Dr. Reddy was a graduate of Dublin, and practised his profession upwards of thirty years in Montreal. For twenty-five years he occupied the position of surgeon to the Montreal General Hospital, and was widely known and highly esteemed in his adopted city. He received an *ad eundem* degree from McGill College in 1856, and was a representative Fellow in medicine for eight years. He was appointed Surgeon to the Montreal Garrison Artillery in 1864. He was elected President of the Medico-Chirurgical Society in 1874, and was assessor to the medical faculty of Laval for several years.

He took no part in public affairs, but confined himself strictly to his chosen profession, and was a most successful practitioner, highly gifted, and of an exemplary character. Deceased was sixty-two years of age at the time of his death. He leaves a large family, his eldest son, Dr. H. L. Reddy succeeding to his extensive practice.

New Medical Journals.—We have received the first number of the *Kansas City Medical Record*, a new aspirant for professional favor in the Western States. It is edited by Drs. Fulton and Halley (Canadian graduates, both), and presents a most creditable appearance. The subscription price is $3 per annum. In view of the large number of miserable cheap-John trashy medical periodicals published in the United States within the past few years, we are pleased to see a new departure in the right direction. Outside of those published in the large cities, this is the best medical journal in the United States.

The *Archives of Pediatrics* is a new journal edited by Dr. Watson, of Jersey City, devoted, as its name indicates, to diseases of infants and children. It is also a most creditable production and published at a price which is a guarantee of respectability, viz.: $3 per annum. We are pleased to see the name of one of our Canadian confrères, viz.: Dr. Blackader, of Montreal, associated with the editor as one of the collaborators.

The *Analectic*, a monthly epitome of medicine and surgery, edited by Dr. Wells, and published by Putnam's Sons, New York, at $2.50 per annum, is also a promising journal. We gladly welcome all the above to our exchange list.

Bathurst and Rideau Medical Association.—The semi-annual meeting of the above association was held in Ottawa, on the 9th ult., Dr. Malloch, Vice-President, in the chair. The attendance was small, owing to a severe snow storm. After routine, the secretary read a telegram from the secretary of the Provincial Board of Health, intimating that it was proposed to hold a sanitary convention in Ottawa. This was received with favor by the members present, and a resolution was passed, promising the aid of the association in preparing papers and making arrangements to secure a successful meeting.

A paper was read by Dr. Grant on "Urethral Stricture," based on a case successfully treated wi Holt's dilator. Dr. Small read the report of case of multiple birth, three fœtuses being e pelled, one fully developed, the other two blighte at about the fourth month. The patient had bee in poor health, but no sign of uterine irritabilit occurred until the last month before deliver Cases of miscarriage were reported by Drs. Frase and Wallace, and one of Placenta Prævia by D H. P. Wright. A lengthy discussion followe upon hemorrhages during gestation. In the ever ing the members dined together, the usual toast and speeches being indulged in.

Ontario Medical Council Curriculum.—The following changes have been recommended b the committee appointed to consider the matter 1. Natural Philosophy is to be added to the subjects for matriculation, and that 60 per cent. of th maximum marks be required of candidates fo pass in the following subjects, viz.: English Grammar, English Literature, Composition, Dictation History and Geography; 40 per cent. in Arithmetic, Algebra and Euclid; 50 per cent. in Natura Philosophy, and 33 per cent. in Latin. 2. Th clause relating to the exemption of graduates ir Arts from one year's study and the examination ir Chemistry, is struck out. 3. In the subjects of th primary examination, Botany is struck out; Pharmacy is substituted for Therapeutics, and the candidate will be required to present a certificate o proficiency in making and mounting microscopic specimens. 4. Therapeutics is added to the subjects of the final examination. Candidates mus also present certificates of attendance upon si post mortems, and ability to draw up a report o same; also a certificate of reporting satisfactoril six cases each in clinical medicine, and clinica surgery.

Bromidia.—Prof. C. H. Hughes, Lecturer on Psychiatry and Neurology, Post-Graduate Faculty, St. Louis Medical College, Editor *Alienist and Neurologist*, etc., says in the December No., 1882, of that journal: "Bromidia is a reliable compound of well-known and favorite medicines in the management of insomnia, and as such we commend it to those of our subscribers, hospital physicians and others, when occasion requires the employment of this combination of the potassic bromide, cannabis indica and chloral hydrate. We have always found the compound *uniform* in composition, the mixture well made, and the therapeutic effect what ought to be expected from its ingredients."

Parliamentary and Municipal Honors.—We give below the names of medical men who have been elected to important positions: Hon. Dr. Ross, *Premier* of Quebec. Dr. Dowling, *member* of the Ontario Legislature for S. Renfrew. Dr. McCammon, *Mayor* of Kingston, also Drs. Rae, Oshawa; Bogart, Whitby, and Standish, Palmerston, Ont. Dr. Willoughby, *Reeve* of Colborne and *Warden* for Northumberland and Durham, also as *Reeves*, Drs. Mitchell, Wallaceburgh; Bradley, Kincardine, Allan, Arthur; Mearns, Petrolea; McConnell, Brockton. As *Councillors*, Drs. Harris, Brantford; Cook, Chesley; Black and Bascom, Uxbridge; Webster, Esquesing; Gillespie, Cannington; Henry, Harriston; Goodman, St. Catharines; Scott, Southampton; Tennant, Lucknow; Doherty, Markham; Aikman, Windsor; Walker, Dundas; Mathieson and Sinclair, St. Marys, Ont.

Spasmodic Torticollis.—Dr. Sands of New York (*Annals of Anat. and Surg.*) reports two obstinate cases of this affection which were greatly benefited by excision of a portion of the spinal accessory nerve. He made an incision three inches in length along the anterior margin of the sterno-mastoid, commencing near the mastoid process. The muscle was drawn outwards, and the nerve exposed where it crosses the internal jugular vein. A portion of the nerve one-fourth of an inch in length was excised, and the wound dressed in the usual way. The improvement was gradual in both cases.

Appointments.—Dr. F. S. Greenwood has been appointed attending physician to the St. Catharines Hospital. Dr. Griffin has been elected President of the Medico-Chirurgical Society of Hamilton. Dr. T. C. Brown, of Fredericton, N. B., has been appointed Surgeon of the Fredericton Military School. Dr J. S. Lathern has been appointed as one of the physicians to the Halifax Dispensary, vice Dr. D. A. Campbell, who retires voluntarily. Dr Kenneth McKenzie, formerly of Melbourne, Que., has been appointed Prof. of Anatomy in Willamette University, and Surgeon to St. Vincent's Hospital, Portland, Oregon. Dr. W. H. B. Aikins has been appointed physician to the House of Providence, Toronto.

Sequelæ of Sunstroke.—In the treatment of the sequelæ of sunstroke such as headache, dizziness, mental dulness, and sometimes insommia, which are due to chronic meningitis, Dr. H. C. Wood, of Philadelphia, recommends heroic doses of iodide of potassium, and the application of the actual cautery to the nape of the neck. He uses Paquelin's and applies it repeatedly until he has cured the disease. He also applies antimonial ointment for a few hours on the raw surface. The patient is also sent to a cool climate in the summer time.

On several occasions we have received samples of sugar-coated pills and granules manufactured by W. R. Warner & Co. of Philadelphia. We have also used them in our practice for several years past and can speak in the highest terms of the reliability and efficacy of these standard pills. All their preparations are equally reliable. The pills and granules prepared by this firm are beautiful specimens of pharmaceutical art, and being made from the purest drugs, and with the utmost care, may be confidently relied upon.

Calling a Medical Man.—The following item is worthy of note:—The residents of Lambton Mills recently held a meeting to consider the advisability of extending a call to a medical man to fill the vacancy caused by the death of Dr. Beatty. A deputation was appointed to wait on Dr. Cotton, of Burnamthorpe, and ask him to settle in Lambton Mills, Ont.

Ottawa Medico-Chirurgical Society.—The annual meeting of this society was held on the 25th ult. The following officers were elected:—President, Dr. Powell; Vice-Presidents, Drs. Harvey and Small; Secretary-Treasurer, Dr. Grant, jr.; Council, Drs. Grant, H. P. Wright, S. Wright, Robillard and Macdougall. Dr. Scott, of Hazledean, read an interesting paper on *Empyema*, which will be published in a future issue.

Removals.—Dr. Rose has removed from Simcoe to Waterford, Ont. Dr. C. J. Chipman, of Cardinal, has removed to Ottawa. Dr. B. F. Hurdman has returned from England, and settled in Inverness, Que. Dr. J. Smith has removed from Emerson, Man., to Portland, Oregon. Drs. T. and C. Duncombe have commenced practice in St. Thomas, Ont.

Dr. O. S. Winstanley, of this city, has gone to Southern California for the benefit of his health.

New Regulations for the L. R. C. P. Edin.—Canadian graduates who propose going up for the L. R. C. P. Edin. will in future be required to pass a written, as well as an oral examination in medicine, midwifery, materia medica and forensic medicine. This change came into effect in January, 1884.

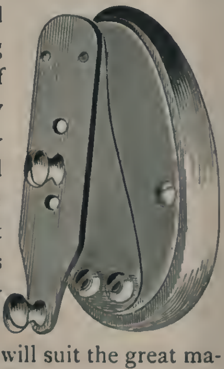
Diphtheria in the Maritime Provinces.—This disease still continues to prevail in certain parts of the fair provinces by the sea. Dr. W. D. McKenzie, of Parrsboro, N.S., lost two children recently, within a few days of each other, from this terrible scourge. The Dr. has our deepest sympathy in his sad affliction.

Primary for M. R. C. S. Eng.—The following gentlemen have passed the primary examination before the Royal College of Surgeons, Eng.: Drs. W. G. Anglin and G. H Denike, (Kingston), E. M. Hewish, (Toronto).

Coroner.—Dr. A. W. Campbell, of Gravenhurst, Ont., has been appointed Coroner for the District of Muskoka.

New Instruments.

A NEW TRUSS.



We have been shown a new truss, invented by Messrs. Authors & Cox, manufacturers of surgical appliances, 91 Church-st., Toronto, which we believe will commend itself to the judgment of the medical profession, and will occupy a front place among trusses. We do not know of any truss that can successfully compete with it. The inventors do not claim that it will answer in every case, for there are many ruptures that cannot be retained except by a truss made to order and specially adapted to the case in hand. What they do claim is, that it will suit the great majority of ruptures. The chief improvement lies in the pad, which, as may be seen by the cut has a flat spring, which is secured by one end to the lower part of the pad, the upper end being fastened to a lever, which gives the spring a double action. The pelvic belt is secured by a stud in the centre of the lever, so that the pressure of t pad is directly upward and inward, and owing the spring being secured at the bottom of the p and the upper part free it is never pulled o at the top, but under all circumstances lies fi against the abdomen. The spring compensat for any change in the position of the body. Th very desirable object is not attained by any oth truss that we have ever seen. In all other truss the upper part of the pad stands out from the boc when the abdomen is flattened as in lying down.

Books and Pamphlets.

A Treatise on Syphilis in New-born Childr and Infants on the Breast. By P. Dida Translated by G. Whitley, M.D., with Not and Appendix by F. R. Sturgis, M.D. W Wood & Co.'s October issue.

This is a valuable book, though only an En lish version of an old one, for in modern medici a quarter of a century is a very great age for a book to attain and still command the attention the profession. The reader will however find it not all old, for the American editor, Dr. Sturgi whose experience in venereal and skin diseases h been very large, has introduced much valuab original matter. In some places, indeed, whe he has found it necessary to correct the statemen of the author, we have felt inclined to think might have been as well to have left these out, f it is rather wearying to readers to wade throug long pages, and at the end find that these are c into mince-meat by the reviser. Perhaps D Sturgis will, on reflection, think it would have bee better to have reproduced just so much of Diday book as he deemed accordant with the prese advanced stage of syphilography, and he no dou could have instructively filled up the required pag with materials at his own command.

Now that the subject of inherited syphilis every day forcing itself more and more on th medical practitioner, books of this class are indi pensable, for it is an undeniable fact that the ev treated of is of great extent, and in numerou instances of fearful intensity.

A Practical Treatise on Materia Medica an Therapeutics. By Roberts Bartholow, M.A M.D., Prof. of Materia Medica, etc., in Jefferso

Medical College, Philadelphia. Fifth edition, revised and enlarged. New York: D. Appleton & Co. Toronto: Willing & Williamson.

The work before us has undergone many important changes and additions in the present edition. The use of electricity in medicine has received the author's special attention, and much light has been thrown on the subject and many valuable hints suggested. The work is brought fully abreast of the most recent advances in this department. The various new remedies recently introduced to the notice of the profession are brought under discussion, such for example as nitro-glycerine, muscarine, quebracho, convallaria, resorcin, chinoline, etc. The value of atropine as an antidote to poisoning by carbolic acid is alluded to, and the credit given to Dr. Post, of New York, for having first suggested it. The work contains a fund of valuable information, not to be found in works of the kind generally, and we have therefore much pleasure in commending it to the attention of the profession in Canada.

THE MEDICAL STUDENT'S MANUAL OF CHEMISTRY. By R. A. Witthaus, A.M., M.D., Prof. of Chemistry and Toxicology in the University of Buffalo, etc. Pp. 370. New York: Wm. Wood & Co. Toronto: Willing & Williamson.

As is stated in the preface, "the author has striven to produce a work which should contain as much as possible of those portions of special chemistry which are of direct interest to the medical practitioner, and at the same time to exclude as far as possible, without detriment to a proper understanding of the subject, those portions which are of purely technological interest." The work is divided into three parts: the first treats of the principles of the science; the second treats of special chemistry; and the third is devoted to laboratory technics. The author has succeeded well in his efforts to make the work as simple and practical as possible, and we feel sure he will receive the grateful acknowledgments of those whose interests he has so well considered.

A MANUAL OF THE OPERATIONS OF SURGERY, for the use of Senior Students, House Surgeons and Junior Practitioners. Illustrated. By Joseph Bell, F.R.C.S., Edin., Lecturer on Clinical Surgery, Edinburgh University. Fifth edition, revised and enlarged. Edinburgh: Maclachlan & Stewart.

We are pleased to receive from the publishers an advance copy of this most excellent little manual on operative surgery by the distinguished surgeon, Joseph Bell. The author very modestly claims that it is for the use of students, house surgeons and junior practitioners, but we venture to say that it will be found of service to all surgeons whatever their experience may be. The descriptions of the various operations, though concise, are yet sufficiently explicit, and many useful and valuable hints are given with regard to their performance, and the reasons for the selection of one operation in preference to another, which are not to be found in other works on surgery. We have much pleasure in commending the work to the attention of our readers.

THE PATHOLOGY AND TREATMENT OF VENEREAL DISEASES. By Freeman J. Bumstead, M.D., LL.D., late professor of venereal diseases at the College of Physicians and Surgeons, New York; and Robert W. Taylor, A.M., M.D., professor of venereal and skin diseases in the University of Vermont, etc. Fifth edition, revised and rewritten, with many additions by Dr. Taylor, with one hundred and thirty-nine wood cuts and thirteen chromo-lithographic figures. Philadelphia: Henry C. Lea's Son & Co. 1883.

This work is already well-known to the profession, and the present edition, edited by Dr. Taylor, will be gladly welcomed. It is not too much to say that it is the best work on venereal diseases in the English, or indeed in any language. The style is clear and distinct, and the teaching quite abreast of the most advanced ideas on the subject of which it treats. Mercury still holds a prominent position, and justly so, in the treatment of syphilis. This is in accord with the experience of the profession in all parts of the world. The publishers have also done their part well.

PARKES' MANUAL OF PRACTICAL HYGIENE. Sixth Edition, by Professor Chaumont. New York: William Wood & Co. Toronto: Willing & Williamson.

Professor Chaumont has already won a high repute as editor of the great work of his predecessor Dr. Parkes, late Professor of Military Hygiene in the Army Medical School at Netly; and in some particulars this Sixth Edition is an improvement on the previous ones. Matter now out of date has been omitted and new substituted, but without any great increase in size of the work.

Every aid of type arrangement and classification has been made, and in this reprint of Wm. Wood

& Co. (Wood's Library), an appendix will be found of American practise in matters relating to Hygiene, by Fred'k N. Owen, Civil and Sanitary Engineer.

Unhesitating confidence may be placed in this work as one of reference by the practitioner.

Hints in Sickness: Where to go and what to do. By Henry C. Burdett, Founder of the Home Hospitals Association for paying patients. London: Kegan Paul, Trench & Co., Paternoster Square.

This unpretentious little work contains a good deal of valuable information upon the terms of admission to hospitals, asylums, etc.; treatment of emergencies, hints on nursing, infection and disinfection, sick room cookery, etc., and although chiefly intended for lay readers, yet it contains much of interest to the professional reader.

The Popular Science Monthly. Published by D. Appleton & Co., New York.

Where all are excellent, it must be supererogatory to make distinction. The January number of the above publication is however so rich, that it is difficult to escape the temptation to award high relative approbation. If we might venture on particular allusion, the article by Dr. Clouston, of Edinburgh, on Female Education, is the one that should command especial attention. It is replete with sound practical sense, as indeed is everything that has come from the pen of that talented and long experienced psychologist.

The Roller Bandage, by Wm. B. Hopkins, M.D., Philadelphia, with seventy-three illustrations. Philadelphia: J. B. Lippincott & Co.

The object of this little work is to teach by illustration rather than by elaborate description, the method of applying the roller bandage. Full and explicit directions are given for the application of all varieties of bandages, from the simplest to the most complex. We would especially commend the work to students who are learning the art of bandaging.

Illustrated Medicine and Surgery, Quarterly, edited by Drs. Geo. H. Fox and Fred. R. Sturgis; vol. ii., No. 3. July, 1883, containing 25 illustrations. Price, $8 per annum.

We cannot speak too highly of the general appearance and make up of this excellent publication. It is creditable in the highest degree, both to the editors and publishers, and we trust it is receiving the support it so greatly merits. In the present number there is a beautiful lithographic plate, showing a plastic operation of the face, by Dr. Alfred C. Post, of New York, which is worth the whole year's subscription.

A Practical Treatise on the Medical and Surgical uses of Electricity. By George M. Beard, M.D., and A. D. Rockwell, M.D. Fourth edition. Revised by A. D. Rockwell, M.D. New York: William Wood & Co. 1883.

Having noticed previous editions of this book, it is only necessary to announce the issue of the present one. It contains some slight changes, and the addition of a few pages on static electricity, also the treatment of extra-uterine pregnancy by electricity.

The Osteology and Development of Syngnathus, by Prof. Playfair McMurrich, of the Guelph Agricultural College, Ont.

The above article appeared in a recent number of the *Quarterly Journal of Microscopical Science*, Lond., Eng.,and is an able and valuable contribution to the morphology of the lopho-branchiate fishes.

Student's Manual of Diseases of the Nose and Throat, and their treatment. By J. M. W. Kitchen, M.D., Assistant Surgeon Metropolitan Throat Hospital. New York: G. P. Putnam's Sons.

A Report on Cerebro-Spinal Pathology. By Daniel Clark, M.D., Medical Superintendent for the Insane, Toronto. Reprinted from the *American Journal of Insanity* for October, 1883.

Births, Marriages and Deaths.

On the 5th of Dec., 1883, W. D. M. Bell, M.D., of Bearbrook, Ont., to Anna Eliza, second daughter of W. P. Lett, Esq., City Clerk, Ottawa.

At Bridgetown, N. S., on the 22nd of December, 1883, S. F. Whitman, M.D., aged 84 years.

At Priceville, Ont., on the 23rd of December, 1883, H. Bennett, M.D., aged 36 years.

In Dublin, Ireland, on the 23rd ult., Dr. John Reddy, of Montreal, aged 62 years.

THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE,
CRITICISM AND NEWS.

VOL. XVI. TORONTO, MARCH., 1884. No. 7.

Original Communications.

RECORD OF A CASE OF EXTRA-UTERINE PREGNANCY SUCCESSFULLY TREATED BY LAPAROTOMY AND INTESTINAL RESECTION.[*]

BY ANGUS MACDONALD, M.D., F.R.C.P.E.

Obstetric Physician to the Royal Infirmary, Edinburgh.

Mrs. S., æt. 28, residing at Comiston Mains, admitted into ward xxiii., Royal Infirmary, on 19th May, 1883, complaining of abdominal pain and swelling, œdema of left leg, and great exhaustion. Recommended by Dr. Graham, of Currie.

History of present attack.—Patient ceased to menstruate in October; up to that month she was perfectly regular. Shortly afterwards she felt great pain in the lower part of the abdomen, on two distinct occasions, both of which lasted for a week. She obtained some medicine from her doctor which relieved the pain. In December she was much troubled with vomiting and sickness, beginning in the morning and continuing during the day. This was found to have no relation to the ingestion of food. The vomiting continued until about four weeks ago, when it suddenly ceased, and has not returned. The patient says she distinctly felt fœtal movement until a month ago. She is not quite sure when she first noticed it, but is quite positive as to its having been unmistakably present. In February her breasts began to swell, and continued to do so markedly. Milk could be squeezed out of them until a month before admission. Since then the breasts have become small and hard, the nipples however remaining large and prominent. Four weeks ago she was working very hard at home and thinks that she overstrained herself; she then had pains like labour-pains, and noticed that her abdomen was beginning to swell, and felt a deep-seated pain in the lower part of it, which became so bad that she had to take to her bed. As the swelling increased she had great difficulty and pain in passing water. About a week before admission she noticed a sanguineous discharge from the vagina. A few days previously her left leg became swollen, beginning at the ankle and gradually extending upwards to the hips. Her family and previous history are good.

State on admission.—Patient pale, anxious-looking, and emaciated. The dropsy referred to in the left leg still present. Temperature varying from normal in the morning to 103°-104° in the evenings.

Genito-urinary system.—Sexual history.—Patient began to menstruate at 15 years. The quantity at each period was profuse, and duration seven days. Sometimes slight dysmenorrhœa. She had one child six years ago.

Physical examination.—Abdomen generally distended; resonant all over, except just above the symphysis pubis, and toward the right flank, where it is relatively dull. Left flank is quite clear. Measurement round umbilicus, 33¾ inches.

Per Vaginam.—Vagina is short; the uterus is depressed, the vaginal portion being soft and enlarged, like that of a pregnant uterus. There is a tender fulness in the pouch of Douglas. In the right and left fornices, on deep pressure, a rounded mass can be also felt. The sound enters five inches, and communicates a feeling of increased resistance as it passes over the endometrium.

Per Rectum.—A large semi-elastic mass projects into the pouch of Douglas, flattening the rectal wall, and giving rise to great pain when touched.

Alimentary system.—The patient's tongue is red and fiery-looking. The appetite is poor. There has been considerable diarrhœa of late. The breath smells strongly of "newly-mown hay."

Circulatory system.—Palpation and percussion resonant; a soft murmur accompanies the first sound in the mitral area. Pulse rapid, rather compressible, and collapsing readily.

Respiratory system.—Normal.

Urinary system.—Urine reddish-color, slightly acid, specific gravity 1014, and contains a trace of albumen. Strict rest was ordered and milk diet. Symptoms to be met by astringents, opiates, &c., as they should arise.

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[*] Read before the Edinburgh Obstetrical Society, 12th Dec., 1883.

From date of admission till 12th June, a varying amount of pus and blood was seen to pass from the patient's rectum. The abdomen at the latter date is found still distended, though measurement round the umbilicus is somewhat less—32 inches. The uterine tumour is still felt close to the umbilicus. The mass spoken of previously as flattening the anterior wall of the rectum is not so prominent now; it is very irregular in outline and tender to the touch. Within reach of the finger no opening can be felt on its surface. The swelling has disappeared from the left leg. Breath smell now natural.

2nd July.—Abdomen flaccid and much smaller than before; no pain is felt on pressure. In the left groin there is a feeling of increased resistance; the uterus can also be felt above the pubis. Measurement round the umbilicus, 30 inches.

Per vaginam.—The tumour is felt behind and to the right of the uterus; its surface is very irregular, and is found to extend above the brim of the pelvis on the left as well as on the right. Sound enters five inches; surface of the uterus still rough.

Per rectum.—The tumour is felt, especially on the right side, pressing on the surface of the uterus; it is tender and communicates no feeling of softening. On pressing the abdomen over the tumour, to the right of the mesial line, a peculiar crackling or crepitating sound is elicited.

5th September.—General condition of patient much improved, though the pain in abdomen during the last week has increased. Measurement round the umbilicus, 34 inches. The pain in the abdomen is increased with every attempt at motion. Bowels of late have been regular. As the patient had been on our hands since 19th of May, being now nearly five months, and though she had improved so far as her general condition was concerned and no longer showed any septicæmic symptoms, she yet suffered greatly from pain and became threateningly ill when any attempt at sitting up was made, I came to the conclusion that some active means were warranted in being taken, with the view of affording her permanent relief. As against operative measures, we had to consider the fact that at one time undoubtedly a connection existed between the sac of the tumour and the intestinal canal; but as the intestinal symptoms had of late been in abeyance, I resolved to operate.

Accordingly, assisted by Drs. Chapman, Dunlop and Playfair, on the 9th October, 1883, I opened the abdomen, with antiseptic precautions minus th spray. Drs. Hart and Barbour, along with severa other medical friends, were present. The abdome was opened and the peritoneum reached withou difficulty. It was found that the remains of th fœtus were attached to the right and posterio aspects of the abdominal wall. What appeared t be an abdominal adhesion of the cyst was tor asunder, and the bones of the skull, laid bare b this means, were removed. When this apparen cyst was drawn forward, it was found to consist c about five or six inches of the small intestine, th walls of which, where they lay in relation to th abdominal walls, were thick, softened, and almos gangrenous. In the cavity in which the bones c the fœtus lay there was a considerable amount c fæcal matter. A loop of intestine, which was ac herent to the part above mentioned, was carefull separated from the rest, and was found to contai a fæcal fistula also. The whole of the rest of th contents of the cavity in which the fœtus lay we now carefully removed, and the cavity sponge out. The portion of the intestine already me tioned, whose wall formed part of the cyst, was no cut out, and the healthy ends of the bowel broug together as completely as possible by a continuo catgut suture, care being taken to approximate t raw edges completely without including the muco membrane. The stitches were passed very clo to one another, and this part of the operation to up a considerable time. The gap in the mesente was also brought together by continuous suture During this part of the operation there was son hemorrhage, which was, however, completely a rested by the pressure of the sutures. The edg of the fæcal fistula above referred to having be thoroughly rawed, were carefully brought togeth by catgut suture. The abdomen was now spong dry, and the wound closed, a large India-rubb drainage-tube being introduced at the lower ang of the wound, so as to extend to the bottom of t cyst, and secured in position by passing one of t deep sutures through its texture. The temperatu after the operation was 97.6°, pulse 82. In t evening the temperature was 101.4°, pulse 120 a very thready. During the night the bowels we moved four times, the evacuations being blood a mucus. Great thirst was experienced and slig sickness; slept little. Patient was kept under t influence of opium.

10th October (second day).—Temperature 99°, pulse 126·32, quick and thready. The discharge from the wound was of a dark greenish-brown colour, thick and putrid. The patient has a bad cough, which causes her much discomfort. A mustard and linseed poultice (with a piece of flannel between the poultice and the skin, to keep in the heat and to prevent blistering) was applied to her chest, which gave great relief. The thirst is still very bad, but water was given in teaspoonfuls now and then, with occasionally a small piece of ice; the ice, however, produced emesis. Towards evening the patient became exhausted. Brandy and champagne were given, a teaspoonful of brandy o a tablespoonful of champagne, every half hour. Bowels moved quite naturally. She slept a little during the day. At 11 p.m. the temperature went up to 102.2°, pulse 130. During the night the patient was able to pass urine, it having been previously drawn off. She was very restless, and so morphia was given, and she slept a few hours.

11th October (third day).—Temperature 98°, pulse 120. Stimulants were given as usual, and peptonized meat suppositories were introduced, at irst every hour, and then every two hours. Sickness was caused by the brandy, so champagne was given alone. After a time that also was rejected nd brandy was again given, and no sickness followed. The discharge from the wound was now ound to be mixed with fæces, accordingly the dressing was changed from protective and salicylic wool to marine lint and oakum, which was changed very four hours, the bowels still acting.

From 12th October to 22nd October (fourteenth day).—Patient continued gradually to improve under the same treatment, sleeping slightly better nd looking brighter. On the 22nd October the rainage tube was taken out. A charcoal and nseed poultice was used to remove the crust rmed by the salicylic cream which I should have mentioned as having been put on. Since the tube was removed no fæces came by the wound. The removal of the crust just referred to, left a large n-denuded surface on either side of the wound.

25th October (seventeenth day).—One-half of the abdominal surface was painted with liquefied gelatine, and a coating of melted paraffin. The side that was not painted bled very much. The patient ept better during the night. Bowels moved very ten, and the evacuations were very offensive.

27th October (nineteenth day)—The patient complains of a fainting sensation and great soreness all over the abdomen, but on the whole feels pretty well. The gelatine came away in a cake owing to the continued discharge from the wound, the part which had been painted looking better than that which had not. The next day gelatine was placed on both sides of the wound, and was found to adhere better than at the last occasion. Patient now takes large quantities of milk and occasionally beef-tea.

This treatment gradually improved the local irritation very markedly and rapidly. The incision which at one time threatened, began to heal kindly throughout its entire extent, and by the end of November the irritated surface was perfectly healed. Latterly an application of boracic acid in glycerine was employed.

12th December, 1883.—At the present time the abdominal surface is completely free from rawness—the wound is entirely healed. There is neither abnormal distension nor abnormal dulness in any part of the abdomen. The abdomen, when percussed over the seat of the fœtal sac, gives a perfectly resonant note. The bowels have gradually improved in their action from six times a day to thrice daily, twice daily, and for the last six days once a day only. The patient is putting on flesh and is getting up daily. She walks easily and feels gaining strength daily. I examined her per vaginam this afternoon, and I find now that all pelvic thickening is completely gone. The uterus is natural in size and quite moveable, and not a trace of any deposit or of tenderness can be felt per vaginam. Indeed, the patient gives now every promise of complete restoration to health.

The patient left the Infirmary on the 9th of January, 1884, in good health, with the exception of one day when castor oil was administered, on which there were three stools, the bowels have regularly moved once and only once daily since the 6th of December, 1883. The patient has gained rapidly in flesh and strength, and has been living on ordinary food including meat and fowl.

This would appear to have been a case of abdominal pregnancy which had settled in the right posterior part of the abdomen, and in which the child had lived till about the end of the sixth month. About the time the fœtus died, inflammation took place in the sac.[1] Considerable peritonitis was produced with apparently thrombosis of the left iliac vein, and consequent dropsy of the left leg. Concomitantly with these there was absorption of the putrid materials contained in the sac, and the production of septicæmic symptoms, as indicated by the character of the breath and the temperature when she came into the hospital. This threatening state of matters was relieved greatly by the bursting of the sac into the bowel, and the subsequent free discharge of fœtid pus per anum. Into the grounds of diagnosis in this case it is hardly worth while to enter, as these are only too plain. We had evidence of an enlarged uterus which was empty, and along with that a very complete history of the occurrence of pregnancy with fœtal movements and milk secretion. As the fœtus had died, we had no scruples in using the uterine sound to confirm our belief that the uterus was empty. Though the diagnosis was easy, yet the sequel has proved that the case of Mrs. S. is extremely interesting. The centre of importance in the case is its treatment. It may be doubted whether I was warranted in attempting to remove the bones of the fœtus ; and indeed, from my own experience of the alarming nature of the complications found, I would almost feel inclined, in another case to act upon the principle which was aptly put forward by Dr. Hart, when he came to see the patient the day after the operation, viz. : when there is any reason to fear communication between the sac and the intestinal canal, the moral of this case is to let well alone. Whilst I heartily said amen to Dr. Hart at that time, I am of opinion now that something has been added to our knowledge of what can be done by operation on the intestinal canal by the experience of this extraordinary case, and that though the general principle may be true, there is reason to expect not a few exceptions to it. No one present at the operation believed that the woman could live over twenty-four hours, yet to our surprise and delight she is now living and well, and nearly two months have elapsed since the operation. Besides what was I to do? The patient had been as above stated, nearly five months in hospital, and though she had improved very much, yet the slightest attempt at sitting up brought on attacks of pain that threatened to light up afresh all her peritoneal evils. I could not continue keeping the patient much longer in the house, and to send her out seemed consigning her to certain death. I accordingly reluctantly resolved to operate. From the amount of suffering which the history of this case shows that the patient went through, I should not, I assure you, lightly subject another patient to the same ordeal. But I rather think that if a patient similarly situated were to present herself again in my clinique, I would feel warranted in the light of the experience gained by this operation, to give her a chance for her life by operating. It will be noticed that the fœtal sac occupied the posterior and lateral aspects of the abdomen on the right, passing posteriorly behind the ascending colon, and anteriorly being closely connected with a loop of the small intestine, at least six inches long, which freely communicated with the sac, and, indeed, formed part of its wall, as we found it. This intestine was adherent to the abdominal wall; and it was on separating this adhesion by very gentle traction, believing it was the upper wall of the sac of the fœtus, so as to get at the bones which I felt through it, that to my horror and dismay I found myself in the cavity of the intestine. It is idle now to discuss the question whether with greater care it would have been possible to avoid this lesion of the bowel. I simply may say I do not think so, if the operation was to be carried out at all. Having found myself in the unlucky predicament of having to deal with an opening involving six inches or so of intestinal canal, the walls of which were ragged, thickened, softened and almost gangrenous, with, in addition to that, a considerable fæcal fistula of another loop of small intestine, I did my best for the patient by cutting out the unhealthy torn piece and bringing together the raw healthy surfaces as accurately as possible, whilst at the same time I rawed the edges of the small fistula and brought them thoroughly together. This left a gap in the mesentery, which had also to be sewed up. As no operation of this sort was expected, we had made no special preparations for it and were only provided with good catgut. I acted chiefly upon Sir Spencer Well's experience, who, finding he had made a considerable cut into the colon in one of his operations, states that he brought the opposing surfaces together with a continuous catgu suture. This I did to the very best of my ability taking care to bring out the needle on the one side and enter it on the other exactly at the edge of the mucous membrane, so as to avoid including any portion of the latter in the grip of the suture

The stitches were also put very close together. The sequel shows that perfect coaptation must have been secured. I really do not know whence the small quantity of fæces came which was on several occasions observed previously to the removal of the drainage-tube. I am inclined to believe that it may have been from some fæces not reached by the sponge in our attempts at emptying the sac, or from a third sinus which had been unobserved, and which had been situated in the large intestine, as the quality of what was discharged was different from the milky-looking chyle which one sees in a case of a fistula of the small bowel. If so, the opening must have been small and must have spontaneously closed up as the other parts healed. Much advantage was derived, in the healing of the irritated surface, by the gelatine and paraffin dressing, which was suggested and carried out by Dr. Cockburn, to whom I owe thanks for his kindness in this connection. The distress from the raw abdominal surface caused by the stinking discharge was truly awful for some time. I have stated that this case appears to me in some points unique, and I still think so. This extraordinarily perfect recovery after resecting six or seven inches of bowel is very encouraging indeed, and ought to make us less frightened if in case of accident during abdominal operations, the intestines should unfortunately be injured.

Of course, resection of the upper end of the intestinal canal for cancer of the pylorus and stomach, etc., has been practised with more or less success by Billroth and other surgeons. But the cases that I have met with which came nearest to mine are two recorded by Professor Edward von Wahl, of the Dorpat Hospital in the *St. Petersburger Medicinische Wochenschrift*, and referred to in the *British Medical Journal* for May, 1883, p. 1015. These were, a case of resection in which two and a half inches of intestine were removed and the opposing ends brought together with a single row of catgut sutures, in order to cure an artificial anus. In this case the patient died on the third day from peritonitis, in consequence of two suture becoming loose. The part removed proved to be a portion of the transverse colon. The other case was one in which Professor Wahl, finding intimate adhesions between a dermoid cyst and the ascending colon, preferred to remove the portion of colon rather than separate it from the tumour. The reason assigned is that the tumour was already, especially along the line of adhesion, undergoing malignant degeneration. In this case a double row of sutures were employed, one set embracing the mucous membrane and the muscular wall, and the other bringing the serous membranes into contact. This case did well for a month, and then went to the bad, apparently from malignant disease. It is clear in this case however, that the union of the bowel surfaces had been complete, a result which appears to me to have been essentially due to the increased number of stiches. But I will not weary you with any further remarks on this case. After the fact, I have several things to regret—1st. That I did not examine the exact state of the uterus and ovaries. 2nd. That I did not retain the excised portion of bowel. But this cannot now be helped and must be endured.

[For the above very interesting article we are indebted to Dr. H. Aubrey Husband, of Edinburgh.]—ED. LANCET.

CANCER OF THE RECTUM—OPERATION.

BY R. A. CORBETT M.D., PORT HOPE, ONT.

Mrs. H—aged forty-four years; resides in the Township of Hope; farmer's wife; mother of two children; always healthy up to present illness; family history good; no hereditary taint. First consulted me on February 5th 1883. Had been complaining since summer previous. Did not look unhealthy; was fairly nourished, but had become thinner lately.

Symptoms: a gnawing pain in the arms; aching pains across lower part of back, and shooting down right hip resembling sciatica; bowels irregular, but generally costive; passed blood occasionally; supposed she had bleeding piles. On examination I found an irregular tumor situated on the posterior part of the rectum, extending up about four inches, and the size of a goose egg. I decided to remove it, and on February the 19th, assisted by Dr. J. Might of Port Hope, the patient under the influence of chloroform, I removed the growth. It was easily broken up and looked like encephaloid cancer; there was not much hemorrhage. The wound healed rapidly; all pain ceased; her appetite increased, and she went home on the 22nd of March, very much improved in appearance. She continued in fair health attending to her household duties until the latter part of July, when she returned to me, complaining of a little pain. On examination I found a small hard tumor just within the sphincter. The sphincter was rigid and unyielding and there was an enlarged gland in the right groin. I saw her again during the month of August and found the disease advancing rapidly, enlarged glands in both groins, pain across the back and down the right hips. I advised extirpation of the rectum. Before consenting she went to Toronto and consulted two surgeons. They declared the disease to be cancer, but objected to an operation, and told her to wash the parts with fluid extract of witch hazel, and further that there was nothing but to endure and die. On September 8th Dr. J. A. Mullin, of Hamilton, saw her in consultation, and agreed that her disease was without doubt cancer. During the months of September and October the pain in the right sciatic nerve had become excruciating and unremitting, the function of the parts increasing the suffering; no sleep obtained unless under the influence of narcotics. November 5th; the tumor had increased in size very much, involving the whole of the lower part of the bowel and extending upwards three inches. The sphincter was indurated, rigid, and unyielding; several small tumors had formed outside around the anus. She was tortured with pain, and urgently pleaded for an operation, saying she preferred death rather than endure such suffering. On November 15th, assisted by Dr. A. Hamilton, of Port Hope, the patient being under the influence of chloroform, I excised the whole circumference of the rectum, dissected the bowel up without difficulty for six inches, drew the gut down, and removed nearly four inches. I then attached the stump of the rectum to the skin, with six silver wire sutures. There was no hemorrhage of any consequence, and no vessels to tie. The wound healed in one week, except a little pocket [between the bowel and vagina; removed all the sutures on the fifth day. The patient made a rapid recovery, and went home on the 18th of December. Before leaving she had fair control of the bowel, had gained in flesh and improved in appearance. The pain had entirely ceased, and she expressed herself as very much pleased with the result of the operation. February 7th, 1884; I had the opportunity of examining this patient, and found the rectum free from disease; the glands in the groin about the same size; no pain. The patient sleeps well, feels strong and has gained very much in flesh; has fair control of bowel. There is one thing certain about this case and that is, if the operation does not prolong life, it has been the means of giving the patient great relief from her sufferings. I shall watch the result of this case with some interest.

THE TREATMENT OF ULCERS.

BY A. C. ANGUS, M.D., OXFORD, N. S.

To describe ulcers in all of their details, as to etiology, nosology, pathology, etc., would be to write a book, hence in this article I wish to confine myself solely to the treatment of ulcers.

Ulcers in years past (especially chronic ulcers) have been the opprobrium medicorum. In every community are to be found persons suffering from ulcers. In many cases these have been treated by various kinds of ointments, and finally after months and years of fruitless effort to cure them, the patient's have been told not to heal them for "as sure as you do, it will go to your lungs." I find it to be a popular notion that the cure of ulcers is detrimental to the health. As a result of these erroneous impressions there are persons who suffer from chronic ulcers foı years, and even a lifetime without attempting to obtain relief. In standard works on surgery, ulcers are divided into various classes; but as all ulcers are merely so many forms of inflammation with solution of continuity of the soft parts, and with formation and destruction of normal elements, the most rational classification, it seems to me, that can be adopted is into *acute* and *chronic ulcers*. In order to give my method of treatment I shall describe one or two typical cases which I have met with in practice.

Case I.—Wm. B., aged 32, printer and mechanic. Saw him first on the 27th of August 1883. Upon enquiry I found the family history good. The ulcer was situated just above the ankle-joint. When first seen by me it presented the following appearance; ulcer extended half way around the leg; deep ragged edges; the surface covered with a quantity of pus; leg considerably swollen; edges of the ulcer extremely hard. As the patient was anæmic I ordered a mixture of iron and quinine followed by cod liver oil and

Fowler's solution. Locally I applied a poultice for twenty-four hours, then a solution of carbolic acid (1 to 35) to be used with an atomizer, the spray to be blown strongly under the edges of the ulcer, and all over its surface until thoroughly cleansed. No sponge or cloth should be used to cleanse the surface of an ulcer. The leg being very much swollen I applied tincture of iodine very freely until it was reduced to its natural size; also painted the surface of the ulcer a number of times with tincture of iodine which satisfactorily diminished the discharge. Subsequently I used a cloth oiled with vaseline and carbolic acid. The leg was kept perfectly at rest, elevated, and equable pressure maintained by means of a well-fitting elastic stocking. In one month the ulcer was entirely healed.

Case II.—Wm. A., aged 51, mechanic and farmer. Family history good. He had two chronic ulcers 5 by 3 inches, situated one on the outer, and the other on the inner side of the leg, lower third. Ulcers deep; edges callous and ragged; surface partly covered with pale unhealthy granulations, exuding a thin sanious pus. The leg was greatly swollen, and had a dark mottled appearance. The internal treatment was the same as in Case I. Also the same treatment locally with the exception of the use of iodoform ointment instead of tincture of iodine. One of the ulcers did not heal kindly. It progressed favorably for a time and then came to a stand still. I cauterized with solid nitrate of silver and applied a poultice for 24 hours after which I used iodoform ointment and then resumed former treatment. In less than six months from the commencement of treatment the ulcers were healed. The points which I wish to insist upon in the treatment of ulcers especially chronic, are these. 1.—Rest to the affected part. 2.—The use of the atomizer with an antiseptic solution to stimulate and cleanse, thus avoiding the breaking down of the weak granulations in dressing. 3.—The occasional use of strong stimulants to the surface of the ulcer. 4.—When practicable the use of well regulated pressure with elastic bandages. 5.—Such internal treatment as may be indicated. 6.—To quote from Westminster Shorter Catechism, "Perseverance therein to the end."

Selected Articles.

REMITTENT FEVER COMPLICATED WITH HÆMATURIA AND TYPHOID SYMPTOMS.

CLINIC BY PROF. TYSON, PHILADELPHIA.

Gentlemen,—In the case that I shall bring before you to-day there are some rather unusual features, which require study. The history is as follows: The patient, a labourer, 28 years of age, and a native of Ireland, was admitted to the hospital October 11th. 1883. He says that he has been temperate, and denies all venereal history. He was well up to the summer of last year, at which time he was working in New Jersey, and had malarial fever. This continued for two months. In September last he again had chills and fever. On the 1st of October he was exposed to the rain, and this exposure was followed by diarrhœa and a feeling of exhaustion. When admitted into the wards, the diarrhœa was slight, but he passed large quantities of dark-colored urine.

It is evident from this history that the man has had malarial fever; but the symptoms which he presented on admission were also of a kind to suggest typhoid fever. But, after watching the temperature and other features of the case for a few days, it became evident that this diagnosis could not hold. I wish to-day to call attention to the points in this case and discuss them with you, and draw such conclusions as may appear justified.

In the early part of the attack the patient had diarrhœa. When I first saw him, he had a dry, coated, leathery tongue. These, with a more or less constant feverish condition, are the suggestive symptoms alluded to; but careful examination of the abdomen failed to reveal the presence of the characteristic spots of typhoid fever. Even if this eruption, which usually appears about the eighth day, be not present, the temperature record will in ordinary cases enable the diagnosis to be made. The course of the temperature in typhoid fever is as follows: there is always an evening rise and a morning fall; but, as the temperature is recorded day after day, it is observed that the evening temperature is always a little higher than that of the previous evening, and each morning temperature a little higher than that of the previous morning: so that we have a tidal rise in the temperature, which, in the course of the second week, reaches its maximum. As the diagnosis in this case was not positive, the temperature was carefully taken twice a day. October 12th, a.m., it was 100.4°; p.m., 103.2°; 13th, a.m., 98.6°. This was altogether unexpected. Instead of being higher than the previous morning, it was two de-gress lower. On the evening of the 13th the temperature was 100.6°, higher than the morning temperature, but still considerably less than the previous evening; 14th, a.m., 100°; p.m. 100.4°; 15th, a.m.. 99°; p.m., 100.6; 16th, a.m., 98.4°; p.m., 98.2°; 17th, a.m., 98.4°; p.m., 100.4°. It is not necessary to go further with the reading of the temperature. It is at least evident that there is nothing of the nature of a tidal rise On the other hand, there is quite a constant morning temperature, which by evening has gone up to about 100°. It is clear that this is not a case of typhoid fever. There is another symptom in this case which does not belong to typhoid fever: there is more or less constant bloody urine. I can account for this condition on no other ground than that it is malarial in its origin. There is no undue frequency of micturition, and no evidence of disease of the bladder or of the kidneys.

The only conclusion to which I could come, in view of these facts, was that our patient's disease was essentially malarial fever of the remittent type, with typhoid symptoms, and might be called typho-malarial fever.

Now, there are two ways in which this term may be applied. In the first place, that disease may be called typho-malarial fever in which there is malarial fever complicated with typhoid symptoms, or the term may be applied to cases in which the two diseases exist together,—that is, typhoid fever running *pari passu* with malarial fever. A third application of the term typho-malarial fever has been made; that is to indicate a special form of fever with its own morbid anatomy, distinct from that of typhoid fever and of malarial fever. But this idea, which originated with Dr. Woodward, of the army, has been given up. Can we in this particular instance settle this question? Can we say whether it is a case of malarial fever with a typhoid complication, or whether it is a case in which typhoid and malarial fevers are concurrent? In the first place, there can be no doubt that two general diseases may coexist in the same individual. You have probably all heard of measles and scarlet fever running their course together. Some diseases are nearly always associated, as, for instance, pneumonia and pleurisy, and pneumonia and bronchitis; but I am now referring more particularly to general diseases.

There is, therefore, no reason why we should not have malarial fever and typhoid fever concurrent. But let us discuss somewhat further the grounds on which we conclude that such is not the case in the present instance. This patient has been under observation for twenty-one days. As a rule, a case of typhoid fever either becomes decidedly convalescent or else, ends fatally by the end of the third week. In the course of the third week the temperature begins to fall, and there is a tidal decline. The morning temperature is a little lower than that of the previous morning; the evening temperature a little higher than the temperature of the morning of the same day, but a little lower than that of the previous evening. If this were a case of typhoid fever, we should expect it to show some disposition to terminate. In point of fact, during the past week the symptoms have become aggravated. His dry tongue had, under the use of turpentine, become moist, and all the symptoms, excepting the hæmaturia, had improved; but last week they became aggravated, and the temperature rose decidedly. On October 24th and 25th the temperature was normal. On the 26th it began to rise, and reached 103°. The next day it was in the morning 103°, and in the evening 104°. Since then the temperature has not been below 100° until the evening of October 31st, when it was 98.4°.

These symptoms, however, suggest a relapse in typhoid fever. You are aware that relapses in this disease are not infrequent; but when typhoid fever relapses it repeats its previous history. The spots, diarrhœa, and peculiar temperature recur. But there has been no diarrhœa; there are no spots on the abdomen; there is no tympanitis; neither is there marked abdominal tenderness. This case does not give us a repetition of the symptoms of typhoid fever, and we cannot consider it a relapse. I feel constrained to class this as malarial fever of the remittent type; for, as you see, there is more or less continuous fever. There are also typhoid symptoms, so that in one sense of the term it is a case of typho-malarial fever; but it is not a case of concurrent typhoid and malarial fever.

As we were under the impression, when he was first admitted, that we had a case of typhoid fever to deal with, he was placed upon a treatment which would really answer for both diseases. In the first place, I always begin the treatment with quinine for a few days, for it is often impossible to tell at first whether a fever is malarial or typhoid. Sixteen grains of quinine per day, continued for four or five days, will have the effect, in the first place, of keeping up the powers of resistance of the patient, and, in the second place, will remove any malarial element. We used quinine in the present case, and the symptoms were much improved. On account of the condition of the tongue, I also ordered ten drops of turpentine four times in the twenty-four hours. We made no local application, as is our custom in typhoid fever, in the form of poultices and turpentine stupes. Under this treatment he improved decidedly. Last week we suspended the treatment, and in the result of this suspension of treatment we have another evidence of the malarial nature of the disease. As soon as the treatment was stopped, all the old symptoms returned. We again returned to quinine and turpentine; but during the past twenty-four hours the administration of these remedies has been interfered with by "hiccough."

The treatment of this symptom has therefore claimed our attention exclusively during this period. Sometimes it is a mere nervous symptom, which a more powerful nervous impression will cause to disappear. At other times it becomes a severe and obstinate complication. You all perhaps recall the treatment for the hiccough of our childhood,—that is, the taking of three swallows of water without interruption, which is the substitution of one nervous impression for another. Hiccough is a spasmodic contraction of the diaphragm, with a sudden closure of the larynx. A variety of remedies have been recommended: one of the best is counter-irritation in the region of the diaphragm. A large mustard plaster will often answer the purpose. If counter irritation fails, morphia, in doses of one-quarter of a grain three or four times a day, may be employed. Failing in this, chloroform, in the form of the spirit or tincture, may be employed in doses of half a teaspoonful every three or four hours. Hoffman's anodyne is sometimes employed with advantage. Nitrite of amyl is also given with satisfactory results. In administering this remedy, the little glass pearls should always be used, one of them being crushed in a handkerchief and the drug inhaled. Another remedy which has considerable reputation in hiccough is musk. As it is doubtful whether we can now procure pure musk, it is not administered as often as it formerly was. Chloral in combination with bromide of potassium is an excellent remedy. The order in which, under ordinary circumstances, I would use these remedies is the following: counter-irritation with mustard, chloral, opium, chloroform, Hooffman's anodyne, musk, and finally a blister, as we have done in this case. The hiccough has been somewhat improved since the application of the blister. It is intermittent, lasting for a few hours, and then disappearing for several.

During the last few days there has been gradual improvement. The fever has diminished, and the amount of blood in the urine has lessened. This is a specimen of the urine last passed. From its appearance, only, it would be impossible to say whether or not it contains blood. A small quantity of blood in an acid urine gives the liquid a smoky hue, of which this is a fair representation. Sometimes the urine is perfectly clear. This is characteristic of malarial hæmaturia.

We have come to the conclusion that this is a case of remittent malarial fever with typhoid symptoms. As to the cause of these symptoms, it is difficult to say. He may be the subject of septic conditions resulting from his residence, habits, or other causes. Typhoid fever is a form of septic fever, resulting from the absorption into the blood of putrid poisons; but there may be other forms of manifestation of septic fever than the symptoms of typhoid fever. This man may have introduced into his system septic matters giving rise to the symptoms which he has presented.—*Med. Times.*

SPONDYLITIS. CLINIC BY DR. SAYRE.

Gentlemen: This little child that I now present to you is suffering from spondylitis in the earliest stage.

The parents and other members of the family are perfectly healthy; and this child, beyond the difficulty of the spine, presents a remarkably robust appearance. I am informed that she commenced to complain of pain in her back and side, and of considerable difficulty in breathing, some six months ago, becoming restless, nervous, and irritable. Previous to this she had injured herself in falling from a chair. You will notice that there is a projection of the spine at the eleventh dorsal vertebra, and as she stoops down to pick anything up from the floor, she avoids bending the spine, but flexes the legs upon the thighs and the thighs upon the abdomen, thus squatting down and maintaining the spine in the erect position.

Now, as I lay the child upon her abdomen across my knees, the thighs and arms hanging down on either side, as you see, I slowly separate my knees, and in this manner make gradual traction, by this means extending the spinal column, and relieving the diseased surfaces of the vertebræ from pressure, and thus free the child from pain, and you observe the instantaneous change in her manner of breathing, from the short, quick, jerky respiration, to a deep, full, long inspiration, and the child seems perfectly comfortable. Now by drawing my legs closer together, you notice the immediate return of the previous spasmodic breathing; and now placing one of my hands upon her head, and the other upon her buttocks, and pressing the vertebral column together, she immediately begins to cry with the pain produced, and there is at the same time an instantaneous spasm produced in her legs. Now by gently separating my knees again, and extending the spine, the sobbing ceases, and she states that she is quite comfortable again. You now observe that I am making firm pressure over the spinous processes at the seat of the disease, and, according to all authorities, this should increase the pain; whereas, as you can plainly see, it does not do so. But, on the contrary, when slight extension is made upon the column, and direct pressure with your finger over the projecting spinous processes, there is rather a tendency to relieve the pain, by opening the angle of pressure in front of the vertebræ.

I have found that in these cases of antero-posterior curvature of the spine, by placing the child in this position, and gently pressing downward, at the same time making your traction as I have just described, you relieve the patient. The explanation, to my mind, is simple enough, viz: by these two manipulations (the disease being situated in the anterior portion of the vertebræ), you relieve the inflamed surfaces from pressure, and, as it were, separate the anterior edges of the vertebræ from each other. This latter, of course, is an impossibility, but at the same time sufficient force is brought to bear by your combined manipulations *to relieve the diseased surfaces from pressure*, and hence the cessation of pain.

This examination we have now made will reveal the disease if it be in the anterior part of the bodies of the vertebræ; but there may be some cases in which the examination we have just made will reveal no evidences of disease at all, and at the same time there may be spondylitis existing. But by a more careful examination you will find the disease upon the side of the bodies of the vertebræ, and it has been caused by some blow or pressure upon the ribs, driving the heads of the ribs into their facets. You detect the disease in this position by pressing upon each rib separately, and the moment you come to the point of disease the patient will flinch with the pain induced by your pressure.

Having now made our diagnosis, I call your attention to the treatment of the case. I shall here apply the plaster-of-Paris jacket and *jury mast:* and will now show you the method of its application.

The child has already been thoroughly cleansed, and we put upon her a skin-fitting knitted wollen shirt tied over the shoulders, manufactured expressly for this purpose by the Bickford Knitting Co., 841 Broadway, this city. We now fold two towels and pass under the shirt in front, allowing them to extend the full length of the trunk. This is to prevent pressure upon the viscera, and allow of free respiration and expansion of the abdominal walls after eating; these towels being withdrawn as soon as the plaster has become sufficiently set. Having now adjusted the towels, the shirt is drawn down tightly and secured between the legs with a safety pin, and your patient is then ready for a partial suspension necessary during the application of the plaster-of-Paris jacket.

The child we now place in the suspending apparatus, which you will notice consists of an iron cross-bar with a chin collar of soft leather, and arm supports also. Having carefully adjusted this so that the weight of the body is borne evenly upon the arm-pieces under the axillæ and the chin collar which supports the head, we make gradual traction upon the vertebral column until our patient states that she is perfectly easy and free from all pain. In this case you will notice the traction necessary to secure this result, is sufficient to slightly raise the heels from the floor; in some cases this is not necessary, and again in others the traction required may be still greater; but never under any circumstances should your traction be so great as to lift your patient *completely from the ground.* This I desire you to specially understand, otherwise the word *suspension*, used in our description of the treatment, may lead you to suppose that the patient is to be literally suspended, when in reality it is but *partial suspension.*

This child then is fully prepared for the application of the jacket, and I will at once show you the manner in which it should be properly applied. You will here notice that I have from eight to twelve rolls of bandages formed of crinoline, into the meshes of which the dry plaster-of-Paris has been well rubbed and then rolled up moderately loose; not by any means as tightly as the ordinary roller bandage used in surgical dressings, but sufficiently tight to retain the plaster in the fabric, and at the same time allow of it becoming saturated to its centre rapidly when placed on the water. These bandages vary from two and a half to four inches in width, and also being from three to four yards long, depending upon the size of the patient.

I now place a roll of the bandage in a pail of tepid water, which is sufficiently deep to cover the bandage when standing upon its end, and then wait until it has become thoroughly saturated, which is shown by the cesssation of the escape of air from the water. I again place another roll in the water, that it may become saturated while I am applying the one previously immersed. This one, as you observe, I now remove, and pressing out all surplus water, I carefully wind it around the waist of the child, my two assistants rubbing each layer of the bandage well into the preceeding one. I would here call your attention to the manner in which I commence the application of the jacket, viz., at the waist, gradually going down until I come to just above the great trochanter. Then carefully reversing the bandages, as you see, I pass upwards again, and having secured sufficient thickness at the waist, I then pass on up the trunk, until I am on a line with the axillæ, and a little higher in front over the chest, and also higher over the scapulæ at the back. In some cases you find it necessary to put padding between the shirt and your plaster bandages, over the sacrum and crests of the ilii, and also *on either side* of the projection of the vertebræ where the disease is located, in order to prevent excoriation of these parts. But never put any padding *upon the projection of the vertebræ*, but place it upon either side, to prevent pressure upon that point. If you fail to do this and allow of pressure to be made there, it may result in a painful ulcer, which will delay your treatment many months; for if such an ulcer should be started the jacket must be at once removed and the patient placed in bed, until such time as it shall have healed, when the jacket may be again applied. I do not wish you to under-estimate the importance of this careful padding. It is not the plaster-of-

Paris that is going to effect a cure of this disease, but your skill in its application, and formation of a jacket by its use which will support and relieve the diseased surfaces from pressure, until such time as all morbid changes have been checked, and a healthy action set up in the hitherto diseased parts.

Now, in this case, although the disease is low down, I shall apply the *jury mast.* In some cases where the disease is so low down, I have omitted the jury mast, as its appearance is oftentimes objectionable. My friend, however, Prof. Samuel W. Gross, suggested that it be used in those cases in which the disease was low down as well as high up in the spinal column, and stated that he had secured much better results in its general application. I must heartily endorse his suggestion, and now apply it in almost every case of spondylitis.

You have observed that I have now shaped the lower portion of the *jury mast* to the back of the child, the lower part of the instrument consisting of these two iron strips which pass upon either side of the spine to the exact contour of the child, and it is now placed in the centre of the body, the bars running upon either side of the spine, the strips of perforated tin which you here see passing from the iron bands two-thirds around the body of the child. My assistant now retaining this firmly in position, the central rod running over the back of the head to the vertex, we again continue the application of the plaster bandages until the lower portion of the instrument is securely embodied in the jacket, my assistants, as you observe, rubbing each layer of the bandage into the preceding one.

You have now seen how simple the method and easy the application of the plaster-of-Paris jacket is. This child should now be laid upon an air bed, but as this is not at hand, we must substitute the ordinary hospital bed, and allow her to remain there until the plaster has become thoroughly set; it is then to be trimmed out under the arms and in front of the thighs, to allow of perfect flexion of the limbs; after which time the leathern collar which I here show you, is placed under the chin and occiput, then by means of these two straps on either side, which pass up, one over the inferior maxilla, and the other from the occiput to this small cross-bar attached to the central rod of the jury mast, our support is secured for the head and by means of which the entire weight of the head is removed from the spinal column if the straps of the head-rest be properly adjusted. You must, however, at all times be certain to get your central point of traction or suspension by means of this cross-bar at the end of the jury mast, immediately above the vertex of the head; leaving room at all times for a cap or hat to be worn upon the head under the instrument. At no time must the jury mast press upon the head; the distance desirable between the cross-bar and the top of the head is from three to four inches.

In removing the child from the suspension after the jacket has been applied, you must be extremely cautious that you do not allow her to bend her back before the plaster has set, otherwise your labor will have been lost. Also while applying the jacket, see that you carefully mould the jacket in above the crests of the ilii, so as to secure a shoulder for your jacket, but do not mould it in so severely as to cause pressure or excoriations.—*Medical and Surgical Reporter.*

OBLIQUE CIRCULAR AMPUTATION.

BY JAMES HARDIE, M.D.ED., F.R.C.S., ENG.

The object I have in view in this short communication is to bring under your notice a method of amputating, by which the operation may be rendered as simple and expeditious as appears possible. and the correct principles of guidance be, at the same time, fully observed.

I will take it for granted that these principles include the following: 1. Due regard to the preservation of the length of the limb. 2. Ample cutaneous covering of the bone. 3. The location of the cicatrix out of the line of pressure. 4. Due regard to the nutritive supply of the stump, and the proper coaptation of the cut surfaces.

These conditions are, to some extent, antagonistic. For example: length of limb would be best secured by two equal sized flaps of skin only. But this would place the cicatrix directly under the end of the bone. Again, the nutrition of the stump would be best secured by including a large proportion of muscle, as in the ordinary flap-operation. But this would entail a higher division of the bone than skin-flaps, and difficulty would be experienced in accommodating the fleshy mass. To give all considerations their due weight, it would appear that a long flap of skin, with a quantity of muscle sloping from its base to a little distance from its free border, on one aspect, and a short flap of skin only, on the opposite aspect, would be the best method which could be devised. For obvious reasons, the long flap would generally be on the anterior aspect, and the short on the posterior. This is, practically, the operation Mr. Lister recommended, in his essay in Holmes's *Surgery*, for the thigh and leg. It is, of course, in these situations that full attention to the method of operating is chiefly demanded; and, though the principles are applicable to the upper extremity also, my present remarks have reference especially to the lower.

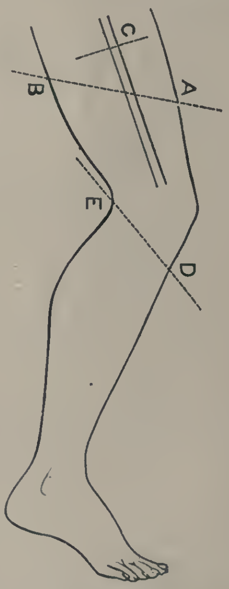
While fully agreeing, then, with Mr. Lister in the soundness of the principles which he advocates, I have yet constantly found, both in my own practice and that of others, that a certain degree of inconvenience is attached to this method of operating. In forming the posterior flap, the limb must be elevated considerably, and the surgeon has to cut somewhat awkwardly underneath it. In addition to this, considerable care has to be taken that the flaps bear a certain proportion to each other, in order that they may come together accurately. A certain amount of difficulty thus attends the operation, and it takes a somewhat longer time than one likes. Possibly, in consequence of these disadvantages, it does not appear to find that amount of favour which it otherwise merits; and certainly, judging from the number of stumps, both of the thigh and leg, which one meets with, showing a total disregard for the position of the cicatrix, and therefore for the future comfort of the patient, one would imagine that a ready method, by which the most important detail may be secured, is still a desideratum.

These considerations have led me to introduce into my own practice a different method of carrying out the objects which I have indicated. Bearing in mind the favour which the circular operation generally receives at the hands of operators, on account of the ease and rapidity with which it may be executed, it appeared to me that it might be so modified as to attain these objects in a very complete manner. I have, therefore, been accustomed to hold the knife obliquely to the axis of the limb, in making the sweep around it, instead of transversely, as in the ordinary operation. To take the middle of the thigh as an example, I place the heel of the knife at A, draw it round the limb obliquely, upwards and backwards, at an angle of about 55° to its axis, to B, where the direction changes, as it passes round the posterior aspect, to a direction obliquely downwards and forwards back again to A. Both at A and B, the line of incision is slightly rounded, so that A is convex and B concave. This incision goes at once down to the muscular aponeurosis; although it is convenient for the subsequent insertion of the stitches to have the skin free from fat midway between the upper and lower limits of the incision, on both the outer and inner side of the limb, as the flap has here to be folded on itself. The skin and its attached fat is next dissected back for a couple of inches at A, and taken in hand by an assistant, who pulls it upwards, so as to enable the surgeon similarily to separate it to a less extent all round the limb. This being done, the knife is then sunk obliquely into the anterior muscular mass, as was done by Alanson, until it reaches the bone; and the whole being well retracted, the remaining mass of muscles is totally divided in the ordinary manner by two principal strokes of the knife, the direction of which is still slightly oblique towards B. The bone being cleared, it is sawn at C, which is about an inch or an inch and a half above B.

As a result of this method of operating, the anterior portion of the soft parts falls well over the face of the stump and end of the bone, the convex anterior flap fitting nicely into the concave posterior, and, when healing is completed, the scar is behind the bone, and in no danger of pressure. All the advantages of the method by long anterior and short posterior flaps are also preserved, and I believe it will be found that greater facility and expedition in operating are secured.

[A patient was exhibited in whom the operation was performed at the junction of the middle and lower thirds two years previously, and who was able to walk perfectly with the weight of his body resting principally on the end of the femur].

Amputation through the knee joint, with preservation of the patella by this method, I find to be a most excellent operation; excellent in the ease with which it is performed, and in the stump which results. In this situation, owing to the distamce to which the integuments of the ham retract after their division, it is advisable to draw the incision less obliquely than in the thigh, and my rule is to begin an inch and a half below the tubercle of the tibia, and to draw the knife round to a point about an inch below the cutaneous fold of the ham, D E. The skin and subcutaneous cellular tissue having been dissected up until the lower border of the patella is visible, an operation which is facilitated by flexing the knee, the ligamentum patellæ is divided, and the head of the tibia, with the semilunar cartilages, then separated by division of the other ligamentous structures. The assistant having then carefully drawn the posterior border of the incision out of harm's way, the whole of the structures behind the joint are next divided by a single stroke of the knife, from the surface inwards. With the exception of Syme's ankle-



joint amputation, I know of no operation which gives a better stump than this amputation through the knee; and I may remark, parenthetically, that I believe we should consult the prospects of recovery, and the future comfort of our patients, were we oftener to select amputation in this situation rather than in the upper third of the leg. [Two patients were exhibited showing this amputation].

In the leg, the incision may be drawn from before backwards and upwards, as in the thigh, special care being taken to slope the knife well upwards when dividing the sural muscles. Occasionally, on account of the tendency which the skin covering the inner surface of the tibia has to slough, I have taken the covering from the outside, retaining as much as possible of the muscular tissue attached to the fibula, and dividing the bones almost at the level of the incision on the inner aspect. The former method gives the better stump should no accident befal it, but the liability to sloughing is undoubted.

Although it is to amputation iu the lower limb that I look upon this operation as specially applicable, yet I have also had recourse to it in the upper. Here, probably, the covering is best taken from the posterior aspect; and, in one case of amputation through the elbow-joint, I obtained an exceptionally good result in this manner.

I have practised this operation now for over ten years, under the name "oblique circular" amputation, as a term best describing its main feature. I am bound to confess, however, what I have not long since discovered, that an operation in all essentials the same has for long been described by French writers, as invented by Soupart of Liege. Though I cannot, therefore, introduce it to you as a new operation, yet I can cordially recommend it as an old one. I should have been glad, had I been able, to bring before you a greater number of persons on whom I have practised it; but, although I have only succeeded in tracing three whom I could bring to this meeting, I can frankly state that their stumps are not better than those which may generally be obtained.—*Brit. Med. Journal.*

INTESTINAL OBSTRUCTION.

The innate disposition of human beings to argue, the almost invincible desire of men to differ from one another, was never more clearly demonstrated than in the discussion of the important question of "Intestinal Obstruction" at the recent meeting of the British Medical Association. From the *British Med. Journal*, October 6, 1883, we note that the discussion was opened by Mr. Rushton Parker, the essence of whose address was that in all cases of intestinal obstruction, we should avoid all active treatment, and content ourselves with merely watching the case carefully and noting any symptoms that may aid us to an accurate diagnosis, when our line of treatment becomes plain. The constitutional symptoms of intestinal obstruction are practically identical, no matter what the cause may be, and until some special sign calls our attention to the particular cause, Mr. Parker's expectant plan of treatment is clearly the rational one.

Suppose we have obstruction from invagination, or intussusception; we know that nature cures this condition by a process of gangrene of the incarcerated gut and union of the upper and lower segments of the unimplicated intestine; suppose now, before the union has become firm, or while the process of eating through of the invaginated gut is going on, we administer purgatives or enemas to remove the obstruction—will we not almost necessarily produce perforation, extravasation and death? Hence Mr. Parker's wise injunction: *When in doubt, use opium enough to control the pain, stimulants enough to keep up the strength, and avoid solid food;* if invagination be the trouble, this treatment will put the bowels in "splints," until nature restores the continuity of the canal; if it be not so, then no harm results from our treatment. But, on the other hand, if we can clearly make out the cause of obstruction, without excessive and likely to be injurious manipulation, and if it calls for surgical interference, as in strangulated hernia, adhesive bands binding down the gut, volvulus, carcinoma or some other tumor pressing on the bowel, Mr. Parker advised operation.

Several of the distinguished gentlemen present, catching only Mr. Parker's first part, or expectant plan of treatment, and either wilfully not hearing his wise regulations concerning the indications for operative interference, or actuated by a desire to hear themselves talk, roughly handled Mr. Parker. They assumed that he advised the "let-alone" treatment in all cases, and they censured him severely for it, indicating that operation was imperatively demanded in certain instances, and citing cases to sustain what they claimed, all of which Mr. Parker had already said. His views were probably a little more conservative than those held by some of his critics, for Mr. Lawson Tait held that it was wholly unnecessary and dangerous to wait for an accurate diagnosis, and he advocated early opening of the abdomen in the middle line, with the formation of an artificial anus in the first piece of distended intestine which presented. With all respect for this distinguished opinion we must think that the error of such precipitancy is evident; for should the obstruction prove a naturally curable one, as in many cases it would, we have not only subjected our patient to a dangerous operation, but we have afflicted him with a disgusting and inconvenient deformity. Again, by such a procedure, we are just as likely to open the gut *below* as *above* the obstruction, and in such an event we are truly "out of the frying-pan into the fire."

It may be much more brilliant surgery, but it seems more in accord with the dictates of common sence and prudence to postpone surgical interference, either until diagnosis is sure, or until nature has demonstrated that, unaided, she is incapable of correcting the trouble. Billroth has set the example of bold and almost reckless surgery; and in these days of competition and overcrowding, he has plenty of disciples, anxious to gain notoriety by similar boldness; but the teachings of our really great masters, of nature and of experience, clearly indicate that the resort of the knife should be truly a "*dernier ressort*," and that it is always best to give nature a fair show. It is easy enough to *cut*, but it is sometimes extremely difficult to *heal*, and it behooves us to think twice before we cut once. There are certain clearly defined cases of diseased condition, where the knife is the only corrective, and "intestinal obstruction" is not one of them. We will better fulfill our noble mission, if we patiently watch and wait, until nature tells us in unmistakeable terms that her opponent is too powerful for her great energies, and indicates clearly that she requires the assistance of the surgeon's knife, which we cheerfully admit in certain cases, such as tumors, constricting bands, and the like, she does.—*Med. and Surg. Reporter. Phila.*

CONGENITAL INGUINAL HERNIA, COMPLICATED WITH UNDESCENDED TESTICLE.

Dr. F. N. Otis related the following case in the New York Medical and Surgical Society (*N. Y. Med. Jour.*): Not long since, a farmer, about thirty-five years old had been sent to him by Dr. Fanning, of Stony Brook, Long Island, complaining of great difficulty in wearing a truss for inguinal hernia. The trouble was found to result from the presence of an undescended testicle. He stated that, from infancy, there had been a slight swelling in the inguinal region. But little was done for it until he was twelve years old, when a physician discovered that it was a hernia, and, reducing it easily, applied a truss. This caused a good deal of pain, and it was then found, on closer examination, that there was only one testicle in the scrotum. The other one was discovered just below the external ring, and was movable, but it was not situated low enough, and could not be pushed up high enough to allow of the use of a truss without pain. The hernia was of considerable size.

When the man consulted Dr. Otis, November, 13, 1883, he was considerably reduced and had an expression denoting habitual suffering. He said he had tried various kind of trusses, but they all produced intolerable pain if worn continuously for more than a few hours. The hernia always protruded to the size of a hen's egg on the slightest departure from the horizontal position but it was readily reduced, the ring being very large. The testicle was found lying on the aponeurosis of the external oblique muscle, between it and the superficial fascia, and movable, from an apparent point of attachment at the border of the external ring, nearly three inches downward—to just within the scrotum, and upward to a point opposite the anterior superior spine of the ilium. It was somewhat atrophied, being about an inch by three quarters of an inch in its diameters, and quite sensitive on pressure. The patient was very desirous of having it removed and the hernial opening closed at the same operation. He had been married several years, and his only child was three years old.

Dr. Otis believed that the testicle was of little use, and that it would be entirely proper and safe to remove it, as it apparently had no direct connection with the peritonæum. He was not so much inclined to operate on the hernia at the same time, however, and he asked that Dr. Markoe be called in consultation. Dr. Markoe agreed with him entirely. Rather more than three weeks ago he removed the testicle. It was pushed up as high as possible, and outward toward the border of the ilium. On cutting through the skin and the superficial fascia, the testicle protruded with its coverings. The cord was readliy drawn out to the extent of about two inches and a half, and was secured while excision was performed. The vessels, evidently considerably atrophied, were then tied. There was but little hæmorrhage. The wound was sponged with a solution of bichloride of mercury (1 to 1,000), and a carbolized-gauze compress and a spica bandage were applied. The patient had been subject to attacks of vomiting at times, and on such occasions he had been unable to retain the hernia within the abdomen by any means. He vomited a good deal after coming out from the effects of the ether, considerable pain was complained of, and, on removing the bandages, the hernia was found to have descended. It was easily reduced, the compress was replaced, and the patient did well.

PLASTER DRESSING FOR MOVEABLE FRACTURES.

I have read with much interest the concise and instructive article by Prof. Walker, of Detroit, on the use of plaster-of-paris as a dressing for surgical purposes. In a conversation with my friend, Prof. Dawson, of Cincinnati, last summer, he described to me a dressing for fractures occurring at or near the shoulder joint, in which the plaster on strips of muslin of variable lengths, was laid on and over the injured part, strip at a time, making a dressing absolutely immovable and highly satisfactory in every way. I was called to assist Dr. Judkins, of this place, in dressing a fracture of the humerus, about one inch from the shoulder joint, in a man strong and muscular, æt. 60. The man had fallen from a tree, striking on the palm of the hand, breaking the bone as above, and driving the upper end of the lower fragment forward and upward, tearing the soft parts, and almost coming through the skin below the clavicle. Owing to the severity of the injury, a simple dressing was applied, and evaporating lotions used, after the fracture had been reduced under chloroform. In a week or ten days we put the plaster dressing on, as above described: 1st. Bandaging the arm and shoulder carefully and smoothly. 2nd. Cutting a bandage into short strips, one inch wide, and from four to twelve inches long. Then with the plaster made thin, and to which a small part of potas. sulph. had been added, each piece of the bandage was saturated and carefully laid on over the bandage already on the shoulder. By such means a complete mould was made of the arm and of the scapular and clavicular regions. When the plaster had set, the bandage first put on was cut up on the inner side of the arm and across the shoulder above, and the cast removed. The edges trimmed, the splint was well padded with cotton, re-applied to the shoulder and retained by a roller. I am well pleased with the dressing and the result in this case. The parts were held firmly, quietly and immovably, the dressing was cool, did not cut or bind at any point, a fault so common in all other dressings for fractures in this region. It could be removed and re-applied with ease, and without moving the arm in any degree. In cases of injury at the shoulder it seems to me this form of dressing has marked advantages over any other dressing that can be applied. And for immediate application it would not be open to the objections urged against the plaster dressing applied by the simple roller. But any fracture can be dressed in the same manner, and where there are irregular surfaces, I do not think any other form of plaster will compare with it. One thing should be borne in mind, the strips being laid on one at a time, do not require to be heavily coated with plaster. Unless attention is paid to this the cast will be unpleasantly heavy.—*Med. Age.*

ANTISEPTICS IN GERMANY.—Dr. Lardy, on a visit to Germany, in a letter to the *Union Médicale* (December 27), furnishes some information with respect to the antiseptics now most in vogue in that country The somewhat exorbitant prices of the Listerian dressings, and the search after a perfect antiseptic have, he says, not a little modified the practice of surgeons of late. The employment of spray is more and more abandoned, and is now only resorted to for the purpose of disinfecting the theatre before the operation. It is advantageously replaced by the frequent washing of the hands in a disinfecting solution, and by the more or less continuous irrigation of the wound and its vicinity by a 1 or 2 per cent. carbolic solution, solution of corrosive sublimate, etc., etc. The enthusiasm for carbolic acid has much abated, and in many universities its solution is only employed for the disinfecting of instruments, because it does not damage these. For other purposes that excellent disinfectant corrosive sublimate is preferred for its cheapness, and for the rapidity with which very weak solutions destroy the very spores of infecting organisms. The solutions most generally employed are 1 per 1,000 for infected wounds, 2 per 1,000 in ordinary cases, 1 per 5,000 for irrigation during the operation, and 1 per 10,000 in laparotomies, in which the object is direct injection of the peritoneal cavity. The results are excellent. In a certain proportion of cases some absorption of the agent is indicated by a slight elevation of temperature for two or three days at most, but this is very rare. The secretion of the wound is not abundant under the sublimate, and good healing by first intention is obtained. The solution of this disinfectant has also the great advantage of not rendering the skin of the hands so rough as carbolic acid. *Chloride of zinc*, much recommended by Kocher, of Bern, also furnishes good results in a solution of 2 per 1,000, and is especially employed in washing out the peritoneal and pleural cavities, presenting as it does little danger of absorption. It is curious that Koch, of Berlin, should still deny its antiseptic value, for experience shows that he is absolutely wrong. More recently, Prof. Kocher has proposed the *subnitrate of bismuth*, the disinfecting power of which would seem to be more potent than that of iodoform, while it is exempt from the danger of the latter. For the irrigation of wounds a solution of 1 or 2 per 1,000. It may also be employed in powder, or a bismuth gauze of from 10 to 20 per cent. is easily made. Prof. Socin, of Bâle, has recently proposed *oxide of zinc*, which is preferable to bismuth only when more concentrated solutions are required. These two last antiseptics are also employed in the form of a paste, in order to close in hermetic fashion wounds recently sutured, and with bismuth used in this way splendid cicatrization by the first intention may be obtained. Last summer, a mixture of sugar and napthalin was used at the Strasburg Clinic, and Prof. Lucke, a great admirer of popular remedies, was full of enthusiasm for the new treatment. Iodine-water, thymol, and salicylic acid may be mentioned, although their employment has not become generalised; but, on the other hand, concentrated *tincture of iodine* has attained more favour as an energetic disinfectant in septic wounds, the cavities of abscesses and mortified and fetid soft parts. Iodoform is employed now more in France than in Germany, where fear of intoxication prevails. It is especially in favour, like napthalin, for small dressings at the dispensaries. For dressing wounds successive layers of bismuth paste are applied, which are covered by simple gauze that had been previously soaked for some hours or some days in a solution of carbolic acid, sublimate, or bismuth—squeezing out the liquid at the time of application. This gauze costs infinitely less than that of Lister and analogous gauzes, and furnishes quite as good results. The protective and caoutchouc have also fallen into desuetude, and the wadding is replaced by the most various materials. Nearly every clinic has its own procedure, from carbolised jute to turf, moss, sand, ashes, sawdust or powdered glass; marsh-turf, moss and sawdust are washed in abundance of water, dried and roasted at a temperature of from 100° to 100° C., and disinfected in a sublimate solution of 1 or 2 per cent. They are then dried, put into bags, and placed over the dressing in the same way as wadding.—*Med. Times and Gazette.*

A NEW METHOD OF APPLYING PRESSURE TO ENLARGED TESTICLES.—Dr. J. L. Corbett of Lucknow, writes in the *Lancet:* In the treatment of some of the diseases of the testicle, accompanied with enlargement, the practice of applying pressure to the gland is undoubtedly a sound one, and is frequently resorted to by surgeons. I have often wondered that some simpler plan than that of strapping with plaster has not been suggested. The objections against the plaster strapping are numerous. First it is a tedious business to do neatly and properly. Second, it is dirty, both for operator and patient. Third, the operation has to be begun by encircling the neck of the gland with a long strip of plaster. This undoubtedly interferes with the free circulation in the vessels of the cord, and tends to prevent the absorption of the material deposited in the gland. It stands to reason that the freer the circulation in the vessels going to or from the testicle, the more rapid will the reduction in size be from the operation of absorption induced by pressure. Fourth, the strapping loosens very rapidly, and, to be of use, must be reapplied frequently. Fifth, in many cases, even when carefully applied, the plaster cuts the skin and leads to sores. Sixth, I have seen nasty, troublesome eruptions on the skin of the scrotum, following the use of the plaster. I have, I think, enumerated enough objections to the old plan; and I will now try to explain the means I would recommend for obviating these objections, at the same time applying a steady, equable compressing force, and one which would also admit of easy regulation as regards the amount of compression. I may preface the explanation of my plan by saying that I derived the idea from a homely source—nothing more nor less than seeing the means employed for encasing a football; barring that, instead of having the encasing material made of leather, I would have it made of India-rubber—such as one sees in the construction of the balls in spray-producers, etc. The cases I recommend should be made of different sizes, many thicknesses, oval in shape (same shape as the Rugby football when inflated). The means of tightening the cases and applying the pressure would be identically the same as the football cover—*i. e.*, by lacing. There should be an opening at the neck of the case to allow the passage of the cord. This opening would be surrounded by a ring (interrupted) of leaden wire to insure its patency and to prevent pressure on the structures of the cord. The leaden wire ring being interrupted, its softness would offer no obstacle to its adjustment round the neck of the enlarged gland. With a supply of the cases which I have attempted to describe above, the treatment of an enlarged testicle would offer but little difficulty: it would simply mean the selection of a rubber case of the right size and thickness, and capable, when laced up, of exercising a steady, equable pressure on the enlarged organ, and applying the case to the testicle and lacing it up. If considered necessary, the testicle could first be enveloped in a thin layer of cotton-wool: this would prevent any possibility of the skin being nipped or chafed by the lacing. As the gland reduces in size, a smaller case would be applied, and thus a steady pressure kept up until a cure was effected. The above plan has the advantage of simplicity, neatness, and quickness in its application, to recommend it. It involves no elaborate apparatus, and I think does away with many, if not all, of the objections connected with the operation of strapping with the plaster.—*N. Y. Med. Jour.*

PAROVARIAN CYSTS.—Dr. Goodell exhibited two cysts of the parovarium before the Obstetrical Society of Philadelphia (*Medical and Surgical Reporter*, January 5th). Both patients got well; he indeed had never lost a patient from whom he had removed a parovarian cyst. In both cases a correct diagnosis was made previous to the operation. Regarding the differences between this tumor and the cyst of the ovary, he remarked that one interesting diagnostic point was the complete absence of the *facies ovariana.* The color in the cheeks was good, and the countenance was free from the anxious expression present in cases of ovarian tumor. One tumor had existed for ten years, the other for one. Another important point in the differential diagnosis is not only the flaccidity of the tumor but its variable degrees of flaccidity. Upon inspection, it is seen to reach to the sternum, and seems to occupy a large portion of the abdominal cavity, but when the hands are placed upon its sternal edge it can be compressed to the level of the umbilicus. An ovarian cyst, on the contrary, is hard and uncompressible. Exceptions to this rule are very rare, that is, either a tense parovarian cyst or a flaccid ovarian one. A third important distinguishing point is the long time—ten years in one case—which the tumor existed, and further, without marked deterioration of health. After being tapped these tumors usually refill, but occasionally they do not, and a cure is thus brought about. The fluid withdrawn has been in every case limpid and generally colorless, but it has sometimes had in his experience an emerald tint. These tumors are generally free from serious adhesions, but if, in an operation for the removal of one, adhesions should exist where for any reason their forcible separation would be unadvisable, or the cyst were intra-ligamentous, he would not hesitate to leave the adherent portion of the cyst wall, or the whole cyst itself, after making a big hole in it, as the fluid it secretes is bland and unirritating to the peritonæum.

Any one examining one of these cysts for the first time would consider it to be of ovarian origin, for it is only by patient search that the ovary can be found spread out over the cyst wall. The microscope will decide with certainty in any otherwise doubtful case. The tumor is covered with a beautiful net-work of veins.

When a cyst of the parovarium exists on one side, the ovary of the opposite side is usually found to be diseased and should be removed. In these cases the remaining ovary was seen to be enlarged, and the site of a small ruptured cyst was pointed out. The Fallopian tube was also enlarged, and the terminal vesicle of the Fallopian tube, or the hydatid of Morgagni, was enlarged and cystic. This hydatid sometimes attains the size of an orange, and often ruptures spontaneously without any bad effects. A few years ago one of these small cysts ruptured while he was making an examination of the patient to ascertain its character.

A Renal Form of Typhoid Fever.—Dr. Didion has chosen this subject for an inaugural dissertation, and comes to the following conclusions: Typhoid fever produces a renal congestion, which plays an important part in the course of the disease. Albuminuria is almost constant, but generally slight and temporary; when abundant, it is a sign of true nephritis. The real inflammation is both parenchymatous and interstitial, and produces certain characteristic symptoms, such as asthma, stupor, dryness of tongue, œdema of the face and legs, lumbar pains, cutaneous eruptions (pemphigus, ecthyma, boils), and an alteration of the urine, which has a reddish color and the odor of boiled bread: to the deposit, red and white blood-corpuscles are found, as well as casts; the urine contains a large quantity of albumen. The diagnosis can easily be arrived at by the above-mentioned symptoms. The termination is often fatal, either from asthenia or uræmia. As to the treatment. Bouchard recommends carbolic acid and the salicylates, Polli the sulphites, Klebs the benzoate of potash. Leeches, mustard poultices, and cupping in the lumbar region are useful; but blisters even with the addition of camphor, must be avoided. In certain cases the disappearance of the symptoms is accompanied by abundant diuresis, which ought therefore, to be favored if possible; but all diuretics are not equally good, those which possess irritating properties must be avoided. The best in these cases is milk, pure or mixed with water. Whatever may be the way in which it acts on the kidneys, it is always well borne and its action is double; it increases the secretion of urine, and hastens the elimination of toxic principles, without producing any irritation, even in the most acutely inflamed kidney. Subcutaneous injection of pilocarpine might perhaps be useful; in one case when the skin was dry and burning hot, Dr. Didion injected twice daily one-sixth of a grain of pilocarpine, and under its iflnence the skin became moist and abundant sweat was produced; the tongue also was less dry then before; the temperataure fell in two days from 105.8° to 98.6° F.; but three days later the patient died, after the temperature had once again reached 104° F. New investigations are necessary before we can arrive at definite conclusions. As for the cold baths, Gubler thinks that they are contra-indicated in case of nephritis, but Libermann considers their use as surely beneficial in spite of it. Several patients who had been subjected to that treatment did not complain of any inconvenience, and cold lotions rapidly applied to the trunk and limbs with a sponge seemed to relieve the patient, lower the temperature, and re-establish the functions of the skin. All these advantages must be weighed against the danger of a renal congestion; but further experience alone can show which treatment is most advantageous.—*British Medical Journal.*

The Single Suture in Lacerated Perineum.—Dr. T. Johnson Alloway, of Montreal, in an article on this subject in the *Am. Jour. of Obstetrics*, January, 1884, concludes as follows:

1. Examine carefully, *with your eyes*, every perineum after removal of placenta. If lacerated to more than a quarter of an inch, apply the suture.

2. Use one of Emmet's long, straight perineum needles, with a silk suture. By the aid of a holder, force the needle through the skin on the left side of the tear, half an inch from its edge, at any point between the beginning and end of tear, but the nearer to the beginning, that is, the higher up, the better will be the result. Now,

with the two fingers of left hand in the rectum, press up the rectal wall and recto-vaginal cellular tissue, so that the needle can be rapidly, though steadily, made to glide beneath this tissue and over the rectum, hugging the latter as closely as possible to make its exit at a corresponding point on the opposite, or right side. In tying the suture, avoid doing so too tight, as it is a good plan to allow for swelling, which generally lasts for some days.

3. Be sure that the needle in no part of its course makes an exit in the vaginal surface; if so, you will probably have a pus pocket.

4. The operation is very simple, and can be performed by any physician of ordinary experience.

5. The after-treatment consists in washing out the vaginal passage night and morning with any antiseptic solution the physician is accustomed to use. *But he must do it himself;* the nurse would be as likely to pass the tube below as above the suture, *and kill all your joy.* As regards antiseptics, I use in such cases a solution of corrosive sublimate $\frac{1}{2000}$ once in twenty-four hours, administered at night. I find this solution as handy and harmless as carbolic acid. Tell your chemist to make a ℥ij. alcoholic solution of hyd. bichl., each drachm of the solution to contain seven and one-half grains of the salt. One teaspoonful of this mixture added to a pint of water will give, almost to a fraction, one part in one thousand. I have used this solution in cases of metria three times in the twelve hours for two consecutive days without any evidence of toxic effects from absorption. It is probably due to the formation of an insoluble albuminate of mercury, which seals up all breaks in the surface for a time.

6. The suture had better be allowed to remain in situ for nine or ten days. I am strongly in favour of the silk; the wire suture is liable to produce a bleeding point or two on removing it. This accident might prove troublesome from absorption, which is so active at this period of convalescence.

7. The nurse is the only assistant you will require, and is, of course, in your confidence.

High Amputation for Senile Gangrene.—Mr. Jonathan Hutchinson read a paper on this subject before the Royal Med. and Chir. Society of London, of which the following is a resume: *(Lancet).* It began with the statement that the author's chief object was to urge the safety and expediency of amputating in senile gangrene if the operation were done at a great distance from the disease. In the common form of gangrene of the toes and foot, the lower third of the thigh was the part suggested as the proper level of the amputation, and in rarer cases in which the hand was affected, the middle of the upper arm. After remarking on the fact that amputation had hitherto generally proved disappointing owing to return of the disease, the author urged that this was owing to their having usually been done too low down. The calcification of the arteries upon which, in the main, the disease depended, was usually greatest near the periphery, and hence the difficulty as to supply of blood for the nutrition of the flaps. This source of danger was not met with if the amputation be done sufficiently high. In a series of cases, in very old patients, the author had not encountered the recurrence of gangrene excepting in one. In three the stump had healed well. In a fourth, in which the patient, although not old, was prematurely senile and the calcification of the arteries extreme, the recovery had also been excellent. In this instance the femoral artery was so rigid that it stuck out from the face of the stump like a small bone. One of the patients, in whom the stump had healed without a drawback, was seventy years old. In two of the cases the other foot had been subsequently threatened with gangrene. As to the time to be selected, the author thought that as soon as the patient was so ill as to be confined to bed and the disease was well established, it was best to operate. Spontaneous cure was, he urged, very exceptional, and a great majority of such cases ended in death after a long period of much suffering. The thinner the patient the less was the risk of the amputation. In a few cases in which the thigh was exceptionally fat and the tissue flabby, it might be wise to hesitate as to recommending it. In all cases Lister's precautions had been carefully used, and in two or three the patient had never experienced the slightest pain from the day of the operation.

Extra-peritoneal Peri-uterine Hæmatoma.—A recent number of the *Zeitschrift für Geburtshülfe und Gynäkologie* contains a long article bearing the above title, by Dr. A. Martin, of Berlin. This author believes that cases of the kind which the title denotes, present characters distinct enough for their separate identification. He describes four cases, in which the nature and exact seat of the disease were made certain by operative exploration. He quotes three other cases, in one of which the same diagnosis was established by operation, and in two by autopsy. From this basis, he gives the following as the characteristic features of this form of disease. First, the local signs. The uterus is very definitely displaced laterally, and generally pushed forward as well. The tumour formed by the effusion is not in the middle line, but occupies one side only of the pelvis, so that on the opposite side the examining finger detects no abnormal signs. On examination per rectum, the lateral position of the tumour can be made out with precision, and when the posterior surface of the uterus is explored with the finger, it can be ascertained that the effusion is not situated between the uterus and the rectum;

in other words, that Douglas's pouch is empty. Next, the symptoms. The commencement of the illness is sudden, and marked by abominal pain, hæmorrhage, and signs of collapse: but the symptoms characteristic of peritonitis—vomiting, distension of the belly, pyrexia—are absent. Believing that he has thus established the diagnostic signs and symptoms of this form of disease, Dr Martin proceeds to apply his generalizations to other cases, in which the diagnosis has not been made clear by post-mortem examination, or operative exploration. He has collected from literature eleven such, and from these, together with the verified cases before mentioned, he proceeds to describe the etiology, pathogenesis, anatomy, symptomatology, differential diagnosis, prognosis, and treatment of the disease. It seems to us that all our author has to say, that is at once important and novel, is based upon the cases in which the diagnosis was established beyond doubt; and therefore we refrain from further epitome. We may mention, however, that he regards the diagnosis beween an old extra-peritoneal hæmatoma and a subserous fibroid, in the absence of a reliable history, to be quite impossible.—*Med. Times and Gazette.*

DISLOCATION OF THE TENDON OF THE BICEPS.—In *The American Journal of the Medical Sciences* for January, 1884, Dr. J. William White reports a case of this form of luxation, and reviews the history of other cases of the same nature. The symptoms in Dr. White's case, which led him to the conviction that there had been true traumatic luxation of the bicipital tendon, may be enumerated as follows:

1. The recognition of the bicipital groove, empty, which, if its existance be admitted, is pathognomonic.

2. Recognition of the tendon itself.

3. The inward rotation of the arm.

4. A slight depression under the tip of the acromion, a prominence of the shoulder in front, and a flattening behind.

5. Diminution in the vertical circumference of the shoulder.

6. Shortening of the arm as measured from the tip of the acromion to the external condyle.

7. Elevation of the shoulder, tilting up of acromion, and elongation and narrowing of axilla when the arm was carried upwards.

8. The peculiar depression situated over the bicipital groove.

9. The line of ecchymosis following and strictly limited to the course of the biceps muscle.

10. A creak or "squeak," heard distinctly on carrying the elbow away from the side.

11. Flexion of the forearm on the arm was painful, the pain being sharp, lancinating, and felt at the front of the shoulder; flexion during supination was much more painful than flexion during pronation.

12. When extension of the forearm was attempted, a tense line along the edge of the biceps could be both fel and seen.

13. The pain felt over the joint was also felt along the line of the biceps as far as its insertion, and the patient still has a "drawing" sensation over that region.

14 The arm was preternaturally mobile for some time after the accident.

15. The position of the patient after the accident.

16. The character of the force producing the difficulty.

The rationale of these symptoms is very fully explained.

NOTE ON HYOSCYAMINE.—Dr. R. A. Hayes, of Dublin, Ireland, reports ("Dublin Journal of Medical Science," December, 1883) a case of tremor of the left arm which he treated with hyoscyamine. The patient, when he came under Dr. Hayes' care, had been troubled with this tremor for six months. Eighteen months before it came on he had suffered an injury of the shoulder of the same side. He was given one sixteenth of a grain of hyoscyamine in pill A single dose daily for two days produced no effect on the tremor. Next day two doses, morning and evening, relieved the tremor in some measure. The following morning a dose of one eighth of a grain was given. Delirium soon supervened, and continued through the day, but the tremor ceased. The next morning one sixteenth of a grain was followed by delirium, which did not completely pass off until the following day; but the tremor was decidedly controlled. The drug was now discontinued, it having completely paralyzed the patient's accommodation and and interfered seriously with his sleep. The tremor returned at once, and soon became very marked. Three days afterward the hyoscyamine was resumed in doses of one thirty-second of a grain three times a day. In two days the tremor was lessened; in six days the ciliary muscle had again become paralyzed, and the medicine was stopped at the patient's request, though the tremor was much relieved. The smaller doses, while they did not effect the pupils, paralyzed the accommodation so completely that reading was impossible. It should be stated, however, that, when the administration of hyoscyamine was begun, the patient's eyes had not recovered from the effects of atropine, which had been used to facilitate an ophthalmoscopic examination.—*N. Y. Med. Jour.*

TO ABORT MAMMARY ABSCESSES.—In the *Lancet*, for Dec. 15, 1883, will be found an article by Dr. James Braithwaite, in which he says: "In cases of threatened mammary abscess, I have for many years, with very successful results, given three consecutive doses of ten grains of quinine at intervals of twelve hours, at the same time using the usual local application of belladonna. The administration of quinine in these cases, although its anti-suppurative power is well known, is not practiced by any one with whom I have conversed, but I have myself found it so successful, that I think it deserves to be in general use, especially as the disease is so painful and so exhausting to the system. The best cases for the treatment are those occuring during lactation, and it is less suitable immediately after labor. It is unsuitable if the bowels are confined and the tongue furred. There are some patients who do not bear such large doses of quinine, in which case a first dose of ten grains may be followed by two of five grains each. I originally saw this treatment recommended in a French medical journal, and claim therefore no originality. I have frequently seen the pain and tenderness disappear within forty-eight hours although a little hardness will remain for some days or longer, and the inflammatory symptoms may recur, and may be again at once checked by the same treatment. A recurrrence, however, is rendered less likely if the belladonna is continued for a time, although pain has ceased. No doubt some will say that the success of the treatment is owing to the belladonna, and not to the quinine. I used the belladonna for years before I used the quinine in addition, and was struck with the greater rapidity and certainty of the result when the quinine also was used. At the same time I admit the difficulty, when two drugs are employed, of apportioning to each its real value."

Treatment of Eczema of the Genitalia.—In cases of eczema, in which glyceroles and unguents have failed, the following formula has been successful.

℞	Chlorate of potassium,	grs. xxx,
	Wine of opium,	grs. l,
	Pure water,	Oij.

Applied to the parts by linen compresses covered with oiled silk. If there is much inflammation, precede this with warm hip-baths and cataplasms sprinkled with powdered carbonate of lime. Is obstinate pruritus, associated with leucorrhea, a tablespoonful of a mixture of equal parts of tincture of iodine and iodide of potassium, in a quart of warm tar water (tar-water holding the iodine in solution), used daily, night and morning, removes the pruritus and ameliorates the leucorrhea. In fetid leucorrhea, two or three tablespoonfuls (in a quart of warm water, morning and evening, as an injection) of the following formula will be found useful.

℞	Chlorate of potassium,	parts xiij,
	Wine of opium,	parts x,
	Tar-water,	parts ccc,

Or,

White vinegar (or wine),	parts ccc,
Tinct. eucalyptus,	parts xlv.
Acid salicylic,	part j,
Salicylate of sodium,	parts xx.

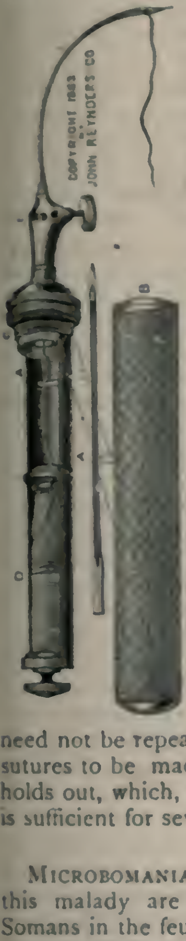
One to five teaspoonfuls in a quart of warm water, as an injection, two or three times a day.—*Obstetric Gazette*:

Treatment of Varicose Veins.—Mr. Folker describes, in the British Medical Journal, a recent operation he performed for the cure of varicose veins. In the operation the vein was securely tied, and ultimately obliterated, without any disturbance of the surrounding parts. The man was operated upon on Saturday, and the following Tuesday week (eleven days) he was up in the ward. The operation was as follows: A small incision was made on each side of the vein, and a curved needle, passing in at one incision and out at the other, carried the ligature under the vein, and was withdrawn. A flat instrument was now, in the same manner, passed in at one and out at the other incision, and threaded with one end of the ligature, which then, by its withdrawal, passed the ligature over the vein. The two ends of the ligature, which now surrounded the vein, projected through one opening. This was repeated in as many places as might require it, and then the lowest one was tied first, and the ligature cut off close, firm pressure was made over it just to press out any drop of blood that might be present, and the little opening was closed with collodion. Each ligature from below upward was tied in a similar way, pressing the blood out of the vein up to each ligature before tying it. The ligature used in the present case was pure silk, well carbolized; but Mr. Folker hoped to tie some with tendon ligatures which would become thoroughly absorbed sooner than the silk.—*Lou. Med. News.*

Use of Collodion.—Mr. Sampson Gamgee, *Birmingham Medical Review*, says: To swollen parts which can not well be bandaged, collodion is especially applicable for the compression attending its contraction. I was lately consulted in the case of a good looking boy considerably disfigured by a red and swollen nose, which became very pale and visibly contracted just after I painted it with successive layers of collodion. I repeated the application three times in the succeeding fortnight, with the effect of producing shrinkage of the organ to its natural size and color.

When the nasal bones are fractured, a very effective mould for keeping them immovable, after adjusting them with the fingers, may be thus made: place over the nose a thin layer of absorbent cotton soaked in collodion; as it dries another layer of cotton and more collodion, taking care that the application extends sufficiently on each side to give a buttress-like support. The patient compares the feeling to the application of a firm bandage on the nose, and the bones consolidate effectively under the shield, which may be renewed as it cracks and peels off.

GOETZ'S SUTURE INSTRUMENT WITH ENDLESS THREAD.—This instrument combines in one needle, needle holder, ligature thread and disinfector. It consists of a hollow cylindrical part, A D, holding at the end D a reel, upon which silk is wound and to which at C the cap B is to be screwed. The hinge at C facilitates filling of the cap B with carbolized oil or any other disinfectant, whilst the part D of A D is in the cap. At C there is a washer which prevents leakage. The spool D is readily removable from its encasement for winding silk upon it whenever the supply has been exhausted. Through C there is a perforation by which the silk passes out of A D and directly to the eye of the needle which is near its point (in this respect the figure is incorrect—it appears as though the needle were hollow, which is not the case). A straight and curved needle go with the instrument, either of which can be attached straight forward or at right angles with the same. It can be readily seen how, after once threading, this troublesome manipulation need not be repeated, regardless of the number of sutures to be made, as long as the supply of silk holds out, which, when the spool is fully charged, is sufficient for several large operations.



MICROBOMANIA.—The symptoms and effects of this malady are wittily described by M. Paul Somans in the feuilleton of a recent issue of the *Gazette Médicale de Paris.* He speaks of it in connection with the numerous maladies which have recently been described, such as agarophobia, claustrophobia, and morphiamania. Microbomania is an affection of adult or middle age, sometimes attacking those in advanced years. It is most frequently observed among educated physicians, those most given to biological research, and almost always ambitious. It is characterized at the *debut* by a great desire for notoriety, accompanied by a slight degree of fever and a craving to find certain mobile corpuscles. The desire is soon followed by acts calculated to satisfy the special craving. In the end hallucinations are developed as to the presence of corpuscles in impaludism, measles, scarlatina, even in mumps, and the minute organisms are charged with all the crimes imputable to each pathological individuality. The disease is imitative, and if several individuals under the influence of this form of mania should concentrate their attention on one and the same disease, they are very apt to find widely differing microbes.—*Med. Press, Jan. 9.*

HYPERICUM OIL FOR THE PREVENTION AND CURE OF BED-SORES: Dr. Herbert L. Snow writes in the British Medical Journal: Since my note on this subject in the Journal of December 8th, I have been favored by Mr. Fenn Clark, honorary consulting-surgeon to the Leamington Provident Dispensary, with a communication, from which I subjoin the following extracts: "I see that you have alluded to the value of hypericum oil. May I be allowed to add my testimony as I have made and used it in my practice for the last twenty years, with manifest advantage in severe cases of bed-sore? It is an old favorite in this country; and our American friends think highly of it also. I observe that you recommend a few days as the time which hypericum oil will require to perfect it. May I mention that my friend, who first introduced it to Mr. Garrard, and to Leamington generally, always recommended a period of three months in a sunny window, as it could not in less time acquire the reddish-brown tint? It is prepared from the blossoms of the *Hypericum medium perforatum*, which flowers in July."

SPONTANEOUS DISLOCATION OF THE HIP JOINT OCCURRING IN THE COURSE OF ACUTE ARTICULAR RHEUMATISM.—Dr. Stimson also presented a woman, thirty-seven years of age, who had an attack of rheumatism in December, 1882. The history of the attack was obscure, but the patient said that many joints were involved, that she remained ill for a long time, and that the deformity occurred as early, at least, as the following April. She finally came to Bellevue Hospital last summer, where Dr. Stimson saw her first in the month of September, and recognized a dislocation of the right hip joint backward upon the ilium. The interest of the case was partly in the rarity of the occurrence, and also in the facility with which the lesion might be overlooked. The subject had been recently written upon by French surgeons, and he had nothing to add except to say that the symptom of sudden cessation of pain, sometimes noted at the moment the dislocation occurred, did not appear to have been present in this case.—*N. Y. Med. Journal.*

CHARCOT'S CREED.—If I believe firmly that there exists in medicine a domain which pertains entirely to the physician, which he alone can cultivate and fructify, and which must necessarily be closed to the physiologist who systematically confined to his laboratory, disdains the instruction of the hospital wards, I no less firmly believe that the free intervention of the anatomical and physiological science in the affairs of medicine is an essential condition to its progress. I believe that practical medicine is not a real autonomy; that to live it must borrow; that without a constant scientific renovation it would soon become a dull routine. I think finally, that as regards the qualities of quick-sightedness, ingenuity, and practical skill, which all have to be perfected by use, and are not bestowed in completeness by nature, these are as much needed by the pathologist as by the clinician. This, very briefly, is my *credo*. I have always held to it, and I must always continue to do so.—*Medical Record.*

The Micrococcus of Pneumonia.—In the sputa from fourteen cases of pneumonia (*Prof. Salvioli and Dr. Zaslein,*) were found constantly ovoid cocci analogous to those described by Friedländer; they were frequently joined; seldom isolated; mostly in threes, fours, or in masses. The best staining material for them is a mixture of Bismark-brown and methyl-violet. They were first discoverd about the third day of the disease though sparse, then becoming quite numerous about the sixth or seventh day, or when resolution begins and the râles return; later their number lessens and about the ninth or tenth day they disappear. The number of the micrococci, is independent of the severity of the disease or the height of the fever. The same organisms were found in the serum of fly blisters and in the patient's blood. By keeping the blood or serum in a warm place great increase in the number of the cocci was attained. Sputa from patients suffering from other affections of the respiratory apparatus, as well as blood and serum from persons free from pneumonia never contained these germs.

The pneumonic cocci were cultivated artificially by the authors. They obtained the best results with meat broth at about 100° F. as a culture fluid, having previously sterilized it by boiling. The cultivated cocci from the second to the fifth generation were injected under the skin of white mice and rabbits with the result of producing typical pneumonia; injection into the pleural cavity caused pleuritis with fibrinous exudation in which numbers of the organisms could be found.

Injection of the culture fluid without the cocci failed to produce pneumonia. It seems from these experiments that there exists in the sputum, blood and serum of pneumonia patients a constant germ, which can be cultivated through several generaations and still have the power of producing typical pneumonia in animals when injected under the skin.—*Centralblatt f. d. Med. Wissenschaft*, No. 41, 1883.—*New England Med. Monthly.*

St. John Long's Liniment.—This old time liniment is still in use at the Pennsylvania Hospital, in this city, for stiff and rheumatic joints, and in general for cases in which a local stimulant and rubefacient effect is desired. Mr. Jacob Hecker, Ph. G., the apothecary of the institution, uses the following fomula:

℞ Vitelli ovi, no....... ......viij
Olei terebinthinæ, ...f ℥ xxiv;
Acidi acetici................f ℥ xvj;
Aquæ...... ....f ℥ xxiv.
M.

The directions for its preparation are as follows: To the yelks, in a gallon bottle, add a small quantity of the water, and shake briskly together; then add the turpentine in successive portions, shaking the mixture briskly after each addition; then add the acetic acid, and lastly the water, in the same manner. For private practice the liniment is greatly improved by the addition of one drachm of good oil of lemon to each pint.—*Med. Times.*

Iron in the Treatment of Skin Diseases.—Casarini has employed the perchloride of iron with advantage in a large number of chronic skin affections. He uses an ointment of from one to three grams of perchloride of iron to thirty grams of lard. He concludes from a number of observations that: 1. Perchloride of iron (internally administered) is the most efficacious agent in the treatment of simple or hemorrhagic purpura; 2. it is very useful to combat the anæmia which often accompanies certain cutaneous affections, such as rupia, ecthyma, and impetigo; 3. its external employment gives excellent and speedy results in ulcers of scrofulous and syphilitic origin; 4, in the form of ointment it constitutes a good remedy in the squamous skin diseases, especially in psoriasis. *Journal de Médecine de Paris.* November 24, 1883. *Med. Record.*

Kairin.—The *Lancet*, April 14, 1883, says that Filehne, in a recent number of the *Berliner Klinische Wochenschrift*, calls attention to the value of derivatives of chinoline which he with Fischer and Konig, has found of great value as an antipyretic. These are kairin, kairolin, and finally chinolinæ hydrate of Wischnegradsky. Of these kairin seems most likely to be of permanent value as an antipyretic. The muriate of kairin is a crystalline, clear, grayish-yellow powder, soluble in water, having a bitter, saltish, aromatic taste, which is disagreeable to some patients, and is therefore given in wafers, with a subsequent drink of water. Filehne gives five to seven grains every hour or hour and half. The remedy has shown a marked control over the temperature of croupous pneumonia. The urine, when kairin is being given, becomes dark green.

DR. H. C. WOOD'S SYPHILITIC TEST.—Persons are often unaware that they are suffering from syphilis. They honestly believe that they never had primary or secondary symptoms; these symptoms may, however, have been present, but so slightly marked as not to attract attention. Again, this is one of the points about which human nature often fails. People, even when death is staring them in the face, and their lives hang upon the truth, will make false statements. As we have a touchstone by means of which we are able to decide whether or not a patient is suffering from cerebral syphilis, I ask no questions, but apply the test where I have reason to suspect any disorder. It is a serious matter to mercurialize a patient, but it does no harm to produce iodism, so that when making the test I always employ iodide of potassium. If I find that ten grains three times a day produces symptoms of iodism I am almost sure that the case is not one of specific disease. If, on the other hand, the patient takes from one-half to one drachm of iodide of potassium and waxes fat thereon, I am almost sure that he is the subject of specific disease. There are some persons, not syphilitic, who will stand large doses of iodide of potassium, but such cases are rare, so that when a patient will take half a drachm of the remedy three or four times a day it may be concluded that he is syphilitic. I say this with one reservation. Persons who have gradually accustomed themselves to the use of iodide of potassium, as for instance, those who are asthmatic, will stand large doses of this drug, even when not suffering from syphilis. In such a case there will be the history of the long-continued use of the remedy. You must remember, also, that there is a syphilitic asthma, so that the relations of iodide to potassium to asthma are in many cases easily explainable. I shall speak of the method of using iodide of potassium when I come to consider the treatment.—*Gaillard's Med. Journal.*

THE DIET IN BRIGHT'S DISEASE.—In the *Chicago Med. Jour. and Ex.* Dec., 1883; Dr Purdy suggests as the diet for the albuminuric patient the following: In the main it should consist of farinaceous articles, fish, vegetables, and fruits. Meats must be indulged in sparingly; very small quantities of lean meat alone being permissible. Soups should be prohibited; even the conventional beef-tea and beef extracts. Eggs should be excluded from the diet in albuminuria. It has been shown by Lehmann and Stockvis that when the white of an egg is introduced into the circulation, not only does that escape by the kidneys, but a surplus of other albuminoids accompanies it. Senator says the lesson will apply to meat as well as eggs. "Any excess acts in two ways injuriously—by increasing unnecessarily the amount of urea and other waste products in the blood; and also by pouring into the system an overplus of peptones or other albuminous matters, which may simply have to be excreted, and cause irritation in the act." Cheese acts in a similar manner, and should not be used. Vegetables may be used freely, and the only ones to be avoided are the leguminous ones, which are too rich in albumen. Fats may be used as freely as the condition of the stomach will permit. Milk is one of the best articles of diet, but should not be too exclusive, as it does not furnish the elements of diet in a suitable proportion. The stomach should not be everloaded, it being an occasional observation that even in healthy persons albumen appears in the urine after a large meal. Small meals, more frequently repeated than usual, is a good rule to follow in such cases. Great discrimination is necessary in the matter of drinks in Bright's disease. Alcohol in large quantities, especially in concentrated form, is generally believed to be injurious. If alcohol be permitted at all, it must be well diluted, and it is preferable to give it with some alkali or neutral water, as Vichy or Apollinaris water in excess. Alcohol stimulates the interstitial changes in the kidneys if used in quantities, hence the allowance should be very small—not enough to disturb to any extent the general circulation Claret, sherry, and Marsala are the least objectionable. As to malt liquors, they should, as a rule, be excluded, though it is stated that lighter pale ales or Bavarian beer are nearly free from objectionable qualities.

INJECTIONS INTO THE UTERINE TISSUE.—Dr. Schücking proposes to treat certain maladies of the uterus by injecting the medicament directly into the substance of the organ. We believe that this expedient, which he brings forward as new (*Berliner klin. Wochen.*), has been often employed in this country. The advantages of this method are two: it is local; it causes much less pain than subcutaneous injections. The remedies so employed are ergotin, Fowler's or Pearson's solution of arsenic, tincture of iodine, carbolic acid, and some other agents. The principal diseases thus treated are subinvolution, chronic metritis, fibroids, and some forms of displacement. For the performance of this operation the ordinary hypodermic syringe suffices, but the needle must have the necessary length to reach through the speculum into the uterus. Only concentrated solutions are suitable, since the tissue of the organ is too compact to admit more than a few minims.

That this method is not a mere fancy is proved by its employment in this city at the present time. We happen to know that a competent and enterprising female physician is using in this way a solution of carbolic acid, five per cent. in strength, for the relief of uterine cancer. The solution is freely injected into the tissue immediately subjacent to the cancerous mass. Too short a time has transpired to permit any opinion as to the ultimate result of this method.

Traction Suture.—Dr. Allis, *(Annals of Anat. and Surg.)*, says that when a large portion of integument has been cut away, as in removal of the female breast, the healthy borders sometimes can not be fully approximated; and even an attempt to do so is accompanied with such a degree of tension that the sutures soon cut their way out. To distribute this tension, after drying the skin thoroughly, he applies strips of adhesive plaster from the margin of the wound in the direction he wishes the sutures to hold. He then passes his needle deeply through plaster and skin. After the sutures are in position, and before tightening them, he requests an assistant to approximate the margins of the wound by pressure from his hands, while he secures them by twisting the wire.

Sutures employed in this manner have a firm hold upon the plaster, exert their traction upon a large surface, are less irritating and harmful, and will continue an efficient action much longer than the ordinary integument sutures.

Yellow Oxide of Mercury Ointment in Corneal Ulceration.—Jonathan Hutchinson says "I do not doubt that there are at the present moment, whilst I am speaking to you, in the homes, the schools, the workhouses and the hospitals of England, some thousands of children who are suffering from ulcerations of the cornea, attended with intolerance of light, causing the patient great distress through many months and destined often to leave disfiguring and incapacitating scars. If my own experience may be trusted, I believe that three-fourths of these would be almost well in the course of a fortnight under the use of a very weak yellow oxide of mercury ointment. Since I knew the virtues of this ointment, I have been able to abandon almost entirely the use of blisters, setons and like painful measures and to effect the cure in the tenth of the time"—*Brit. Med. Journal*, Oct. 20, '83.

Decalcified Bone Drainage Tubes.—Prof. Gross gives the following directions for making decalcified bone drainage-tubes. Procure the femora and tibiæ of a chicken or turkey, take off the periosteum, and place the bones in 16⅔ per cent. solution of official hydrochloric acid until they become soft; then cut off the ends and force out the endosteum; replace in the hydrochloric acid solution until they become very soft; fill them with horse-hairs, which must be removed if pus forms, as they will not allow it to pass. However, he recommends removing the bone tube in twenty-four hours, as it can only be absorbed by granulations, which render union by first intention out of the question.—*College and Clinical Record.*

Prof. Bartholow *(Col. and Clin. Record)* strongly recommends salicylic acid, either by injection or internally, in large doses, for cystitis. Administered by the mouth, it acts after being excreted in the urine. He also says that potassium tartroborate has been found effective—more effective, probably than any other remedy—in causing the solution of uric acid calculi. The treatment is to be long continued, in small doses, dissolved in much water.

Antiseptic Inhalations in Phthisis.—This method of treatment is not particularly new, but its use has been deprecated by many, on the grounds which are noted by Dr. I. Burney Yeo, in the *Brit. Med. Jour.*, January 12, 1884, as follows:

"Two objections have been made to the use of antiseptic inhalations, which are in singular opposition one to the other.

"The first is, that the vapors given off from the fluid which we drop on the sponge of the respirator are so strong and irritating, that they excite inflammation of the pulmonary tissues, and thus do injury; indeed, I have seen the antiseptic treatment of phthisis referred to in a medical journal as 'homicidal.'

"The other objection does not accuse of homicide, but is content with pointing out that we are very foolish people to imagine that any useful or appreciable amount of our antiseptic substances reaches the lung at all! I do not know which of these objections is least in accordance with experience.

"With regard to the first objection, I can state most positively that I have never seen any symptoms of irritation set up by antiseptic inhalations when properly applied. In sensitive persons, it is desirable to begin by at first dropping a few drops of the inhalant on the sponge, and slowly increasing the quantity; by that means, you will avoid all risk of irritation.

"The second objection scarcely needs answering at all; to some extent, it is a resurrection of the old dispute as to the use of topical remedies (in the form of vapors and sprays) to the respiratory surface, which was agitated fiercely many years ago, and the affirmative view thoroughly established by most elaborate and careful experiments by a number of observers in every country in Europe. The dispute and its results are fully related by Oertel in the work already referred to, and also by Dr. Solis Cohen, of Philadelphia, in his work 'On Inhalations.'"

He has had good results, and after reading his paper, we would feel inclined to give a trial to the inhalation of a weak solution of corrosive sublimate, say 1 to 2000 or 2500, by means of a steam atomizing apparatus.—*Med. and Surg. Reporter.*

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ERGOT IN OBSTETRIC PRACTICE.

The place which ergot holds in obstetric practice at the present time is in marked contrast with the teaching and practice of a few years back. It is not long since ergot was given to the parturient woman in the most hap-hazard manner. Indeed there is room for the belief that some fossils in the profession continue to use it in that way still. Of course it has long been known that ergot contained elements of danger both to mother and child. Still it is but recently that the full gravity of these dangers has dawned upon the profession. More especially within the last year, this question has been studied and debated with the liveliest interest, with the result of modifying former opinions and practices in several essential points.

When ergot is administered at an earlier period than towards the close of the second stage, it is sought to hasten delivery by whipping up a lazy, or tired-out uterus, to the exercise of greater contractile force. The most serious danger to be apprehended from such a practice, is rupture of the uterus. The possibility of this untoward circumstance has long been known, but its occurrence was thought so rare that many obstetricians were willing to incur the risk. That this accident is not so very rare as generally supposed, may be inferred from the fact, that at a meeting of the St. Louis Medical Society recently held, one gentleman testified that he had seen six such cases, and another that he had seen two, within a year, all attributed to ergot. Another and more frequent danger is the loss of the child. Not even every veteran obstetrician has witnessed a case of rupture of the uterus, but almost every practitioner has seen more than one child born dead, with darkened skin and swollen features, proclaiming louder than words the cause of death. Standing in the glare of the light of the present day, and looking back into the past, every practitioner of experience must be struck with dismay at the number of serious casualties observed in the path over which he has trodden. Untoward occurrences, then either held to be unaccountable or attributable to other causes, are now unveiled and shown to have been often the evil work of ergot. Of course the uterus may rupture, and the child may be still-born from other causes, but there is good ground for believing that most of these accidents, especially the former, result from the abuse of this drug. Violent and continued contraction, when it fails from any cause to expel the child, creates a liability to rupture, and prolonged pressure destroys the child by constricting the circulation.

Another and dangerous mishap sometimes following the administration of ergot, is irregular contraction; that is, the contractile force is not equal in all parts. When this happens, as it often does, however severe the maternal suffering may be, labor is just as likely to be retarded as advanced. This retardation may arise from one of two causes, or both at the same time. First, the contractile force exerted in certain zones may be rendered abortive by the inertia in other zones of the uterus; and secondly, labor may be retarded, and even made impossible, by a change in the direction of the expulsive force.

Then there is the danger of a lacerated cervix and a ruptured perineum. The former accident has received a good deal of attention of late from gynecologists, owing to the serious dangers and suffering to which it gives rise. Many troubles of the cervix not formerly understood are now known to originate in laceration. Laceration, of course, may occur without the use of ergot, but common sense teaches us that it is more likely to occur in rapid and violent dilatation, such as may follow the administration of ergot. The same remarks are applicable to rupture of the perineum, an accident often fraught with life-long suffering to its victim. It is not here pretended that these are novel facts. On the contrary they have been long known, but somehow, it is but recently that their full significance has come to be realized.

The question now arises, has ergot any longer a place in midwifery practice? It certainly has, but its application is comparatively limited, and most carefully guarded. A few, indeed, have gone so far as to abolish it altogether, in all stages of labor, and use it only as a post-partum remedy. A large number hold that it ought not to be administered before the second stage of labor is passed, but that it may then be profitably given to facilitate the expulsion of the placenta, and to secure firm contraction. But the opinion more generally held, and the one practised by many of those allowed to speak with the weight of authority is, that after the head is born, it is not only safe but good practice to administer a full dose of ergot. Indeed it is now frequently the practice to administer ergot at this stage, or as soon after as possible. The object of course is to secure firm contraction so as to expel the placenta and prevent possible hemorrhage. Firm post-partum contraction is highly desirable in all cases. It empties the uterus of clots and remnants of membranes which otherwise might remain and cause much serious trouble. It is now known that severe and continued after-pains are owing to imperfect contraction, and that the more firmly the uterus is contracted the less severe these are likely to be. For this reason also it is good practice to administer ergot towards the close of labor in all cases, experience having abundantly proven that the after-suffering is thereby greatly diminished. After a time, should the after-pains be severe, a good plan is to combine opium with the ergot. Indeed so valuable is ergot at the close of labor that in many cases to neglect to administer it is only less criminal than to do so at an earlier stage. In all cases where there is reason for believing the uterus has not properly contracted, ergot should be steadily given for some time, combined with citrate of potassium, adding bromide of sodium when nervous symptoms are present.

But the most important office ascribed to ergot is in relation to post-partum hemorrhage. We have already referred to its use, in anticipation of the occurrence of that untoward and much dreaded accident, and doubtless its power to prevent this occurrence is much greater than its power to control it when it has actually taken place. We think every experienced practitioner will bear us out in the statement that ergot is very uncertain in its action during the occurrence of hemorrhage.

Therefore the greater necessity for availing ourselves of the known power of this agent to prevent this accident. We may readily surmise causes for the comparative powerlessness of ergot to induce contraction after hemorrhage has taken place. The mental condition of the patient, the sudden prostration, and general loss of muscular tone, all render it improbable that the stomach is in a fit condition for speedy absorption, if at all. Under these circumstances the ergot should be administered hypodermically, for the well known reason that agents act more speedily and surely when introduced in that way. For this purpose care should be taken to keep on hand a clean and pure article. The so-called liquid ergot recently introduced, is a good and convenient form. Under all circumstances where it is important that action should be both speedy and certain, the hypodermic method should invariably be practised.

But the question will be asked, what are we to do when the os is fully dilated, the membranes perhaps ruptured, and the pains either feeble or entirely absent. In such cases we may safely exercise the virtue of patience, in the absence of all alarming symptoms. It may be that a little rest is all that is needed, and for that purpose a dose of opium may be given, although, instead of giving rest, it may, perchance, set up active contraction, ending in speedy delivery. Large and repeated doses of quinine, are both safe and effective in promoting uterine action, and should be resorted to when it is thought necessary to secure greater contractile force. Gentle external manipulation is also valuable in promoting contraction. But should all these means fail, and active interference called for, the safest resort is the forceps, followed by ergot, administered hypodermically to insure speedy and firm contraction.

MEDICAL SUICIDES.

A short time ago a charge was brought by the public prosecutor before the Central Criminal Court, London, England, against a woman named Hardie, for having procured her own miscarriage by illegal means and with the aid of her medical attendant, Mr. Haffenden. Feeling keenly the weight of the unjust accusation made against him, Mr. Haffenden sought delivery from his trouble by committing suicide. The case came before the court in due course, and after a trial lasting the whole day, a verdict of acquittal was declared amidst loud applause. The chief witness for the prosecution broke down in cross-examination, and that, combined with the entire openness of Mr. Haffenden's proceedings and the evidence of Dr. Robert Barnes, the only medical witness called for the defence, left no doubt in the minds of the jury that the charge could not be upheld. The *Medical Times and Gazette*, in commenting on this painful case, says: It is to be deplored that the prosecution was ever instituted, and it is still a greater matter for regret that Mr. Haffenden did not abide in life to see his reputation vindicated. The case, though reported so meagrely in the journals as to be useless for medico-legal purposes, will serve as a timely reminder—first, to the Public Prosecutor and his advisers never to bring such another charge against a medical practitioner without an overwhelming mass of proof; secondly, to pregnant women that it is something more than a peccadillo to destroy the fruit within their womb; and thirdly, to medical practitioners to be more wary in the use of the uterine sound. Ladies have been known to go to gynæcologists so well coached up in the symptoms of displacement that the sound has been introduced as a matter of course, and the doctor has not found out till afterwards that he has been made the subject of a plot."

We refer to this case for two reasons; first, because medical men, especially those who have to deal with diseases of women, are liable at any time to have charges trumped up against them, and therefore require to be constantly on their guard to surround themselves with every means of answering any false accusations that may be made against them; and secondly, to counsel medical men under all circumstances, if conscious of their innocence, no matter how dark the horizon may seem, or how damaging the slander may appear to be to their reputation, to fight it out. Let there be no compromise, and above all let there be no flying in the face of Providence by committing suicide in order to be delivered from impending trouble.

Many of our readers will remember the case of Dr. Edwardes, of Hounslow, who committed suicide about a year ago. In this case a charge of indecent assault was made by a Mrs. Bignell against Dr. Edwardes, at the instigation of Dr. Whitmarsh, his partner, in order to drive the former into a disadvantageous and dishonorable dissolution of partnership. Instead of boldly meeting the charge and hounding down the villainous plotters, poor Edwardes, his quietus made, with a dose of prussic acid.

* * *

ANOTHER LIBEL CASE.—An action has been recently instituted by Dr. Lachapelle, editor of *L'Union Medicale*, against Dr. F. W. Campbell, *et al.*, of Montreal, to recover alleged damages incurred in consequence of a criminal action brought against the former gentleman. Some time ago an editorial appeared in *L'Union Medicale* to the effect that some French-Canadian medical students had received a private examination from the faculty of one of the medical schools of Montreal, and had received certificates which would enable them to practise in the United States. The drift of the editorial pointed to the faculty of Bishop's College as the guilty parties, and a criminal action for libel was brought against the proprietors of the journal in question. The bill, however, was thrown out by the grand jury, and the present suit has been entered by way of retaliation. The whole circumstance is much to be regretted, as it appears that both parties have been the victims of a fraud. The certificates referred to are believed to be forgeries.

HEALTH OF PANAMA.—Latest advices from this beautiful tropical city inform us that yellow fever prevails at present. In an article in the daily *Star*, written no doubt by Dr. Nelson, port surgeon, it is stated that while the disease is not epidemic, the fact of isolated cases occurring from month to month and from year to year, would point forcibly to the conclusion that the abominable neglect of all sanitary measures has allowed this disease to establish a permanent footing in their midst. The writer complains of the want of attention to sanitary matters, and says that with proper care Panama could be made one of the healthiest places in the tropics. It is hard to arouse the municipal mind to a sense of its duty. This is the experience of sanitarians in all parts of the world.

TRINITY MEDICAL COLLEGE TORONTO.—An official communication has been received by the authorities of this school from the Royal College of Surgeons, England, enclosing the following resolution adopted by the Council of that body, formally recognizing the Fellowship Diplomas of the school. "That, as recommended by the Court of Examiners, Fellows by Examination of Trinity Medical School, Toronto, be admissible to the professional examination, for the Diploma of Member of the College on the same conditions as Graduates in Surgery and Medicine of recognized universities, as provided in paragraphs vii. and viii., section III of the regulations, and that, in consideration of the satisfactory examination, in medicine and midwifery, which such Fellows are required to pass, they be exempt from the necessity of passing in those subjects at this college." Such a recognition from such a quarter cannot but be very gratifying to the many graduates and friends of this school.

Patent Medicine Formulas.—The following bill has been recently introduced into the House of Representatives of the United States: That from and after six months after the passage and approval of this act, no advertisement of any kind or nature or advertising device of any medical preparation, compound or prescription, or any punch, bitters, cordial or similar compound, or preparation to be used as medicine or mixed with food, liquor, wine or any other substance as a beverage or as food or medicine, shall be placed in or carried by the mails of the United States until the exact formula for the preparation thereof, together with a sample of the same, be placed in the Patent Office of the United States, with a sworn affidavit of the correctness of such formula and the genuineness of such sample, and the examination thereof by the proper officers designated therefor in said Patent Office.

Appointments.—Dr. Marsden has been appointed a commissioner of the Marine Hospital, Quebec, *vice* Dr. James A. Sewell, deceased. The following gentlemen have been appointed "License Commissioners" (Act of 1876) for the districts named: J. S. Sprague, M.D., and J. S. Loomis, M.D., Hastings; J. Gunn, M.D., Middlesex; W.H. Blackstock, M.D., Simcoe; R. H. Abbott, M.D., N. Essex; A. McLean, M.D., W. Lambton; C.M. Gould, M.D., E. Northumberland; A. Robillard, M.D., Ottawa; A. Rockwell, M.D., of W. Hastings. Thomas Moore, M.D., of Demorestville, has been appointed surgeon to the Canada Pacific Railway. Dr. Holmes, of Brussels, has been appointed treasurer of the Co. of Huron.

Cosmoline Unction in Scarlet Fever.—There is scarcely anything so efficient in relieving the burning and itching sensation of the eruption of scarlet fever, as inunction of the body with cosmoline. It is applied by the hand once or twice a day as long as the itching lasts. These inunctions soothe and calm the patient, relieve the itching and favor desquamation. When the itching and burning sensations are allayed, the body should then be sponged with a solution of hypo-sulphite of soda, of the strength of half a drachm to the ounce. This removes all the desquamated skin, promotes healthy action, and acts as a disinfectant, thereby lessening the tendency to the spread of the disease.

New York State Medical Society.—The seventy-eighth anuual meeting of this society was held in Albany, commencing on the 5th ult., under the presidency of Dr. Alex. Hutchins, of Brooklyn. Many valuable papers were read and discussed. The bill for the establishment of a State Medical Examining Board was also under consideration The vexed question of medical Ethics, the old code *versus* the "new," occasioned a prolonged and heated discussion. The advocates of the new code were again victorious, their majority being fifteen, in a total of 232. Dr. N. A. Powell, of Edgar, Ont., was present as a delegate from the Ontario Medical Association.

Anatomy Act Amendments.—Steps are now being taken to secure certain much-needed amendments to the Anatomy Act, the object being to endeavor to secure a larger amount of anatomical material for the use of students and others interested in the prosecution of this interesting and important branch of medical study. The present Act is very defective in many particulars, and requires to be thoroughly revised and amended. It is the intention to frame the amendment upon the basis of the Quebec Anatomy Act, which, we we are informed, is giving excellent satisfaction in the sister Province.

The Berlin Polyclinic.—The Berlin Polyclinic has recently celebrated its first anniversary. During this time upwards of two hundred medical men have attended the clinic. The subjects taught are, diseases of the eye, ear, nose, throat, larynx, skin, nerves, etc., Each course consists of one month, and is of a most practical character. Laboratories for chemistry, histology and bacterioscopy have been fitted up and every facility afforded for special study in these branches.

Substitute for Transfusion of Blood.—Dr. W. J. Bull, of the New York Hospital, referring to the use of saline injections as a substitute for transfusion of blood in acute anæmia and collapse, says, that of nineteen patients subjected to the operation when at the point of death, thirteen entirely recovered. He uses the solution employed by Synmann and also recommended by Schwarz, consisting of water ℥xxxij, chloride of sodium ʒjss, carbonate of soda grs xv.

Third Blood Corpuscle.—Several observers have made reference from time to time to a third corpuscular element of the blood. Recently Dr. Osler, of Montreal *(Med. News)*, has been making investigations which lead him to believe that there exists a third corpuscle about ⅛ the size of the red globules. It can be seen in the vessels of the living animal, and in the vessels of freshly removed bits of tissue. When the blood is removed from the vessels they run together and form granule masses.

Cancer of the Breast.—The following, which is said to be Dr. Hunter McGuire's formula, has been much extolled in the treatment of cancer of the breast, which has passed the period for successful operation.

℞ Sodæ et calcis Hypophos............℥ ss
Acid. phosph. dil.......... ....ʒ ss
Aquæ ad..................................℥ viii

Sig.—A teaspoonful in water three times a day.

Ergot and Morphine in Eclampsia.—A hypodermic injection of half a drachm to a drachm of fluid extract of ergot and half a grain of morphine, has a most marked controlling effect upon puerperal eclampsia. The value of morphine in this way has been abundantly attested by numerous observers, and the combination with ergot is worthy of trial.

Pilocarpine in Scarlet Fever.—In the *Glasgow Med. Journal*, Jan., '84, Dr. Shearer gives the report of a case of scarlet fever, followed by coma and convulsions, which he successfully treated with pilocarpine. He used it hypodermically in doses of $\frac{1}{13}$ of a grain, after having previously tried the usual remedies including the hot-pack, and has no doubt that the beneficial effect was due to the pilocarpine.

A Vehicle for Salicylate of Sodium.—Dr. Solis-Cohen *(Med. and Surg. Reporter)* suggests the use of equal parts simple syrup and liquor ammoniæ citratis as a vehicle for salicylate of sodium, flavoring with oil of wintergreen. This also makes a good vehicle for the muriated tincture of iron, to a great extent hiding its chalybeate taste.

Neuralgia Pencils.—So-called neuralgia pencils are the latest novelty in Germany. They consist of a mixture of menthol, thymol, and eucalyptol, fused and fashioned into small conical pellets which are fixed in suitable handles. The part affected being touched with the pencil, a slight impression of burning is at first produced, followed by a pleasant, cool sensation, and immediate relief.

Ontario Medical Council Examinations.—The professional examinations of the Ontario Medical Council will take place early in April. The final examination begins on the first prox. in Toronto and Kingston, simultaneously; and the primary on the 11th in Kingston, and the 14th in Toronto. See announcement in another place.

British Diplomas.—The following gentlemen have successfully passed the professional examination and were admitted Licentiates of the Royal College of Physicians, London, Eng. W. Graham, M.D., (Toronto); W. S. McConochie, M.D., and E. R. Woods, M.D., (Trinity); and J. B. Loring, M.D., (McGill).

The following gentlemen have recently passed the necessary examination and were admitted members of the Royal College of Surgeons, England: F. U. Anderson, M.D., and N. E. Mackay, M.D., Halifax, N. S., and A. S. Kendall, M.D., Sydney, N. S.

The Ontario Medical Libel Case.—In the

case of Lennox *vs.* McCammon, referred to in our last issue, the judge's ruling was sustained by the higher court, and the verdict for the defendant fully confirmed. The issue in this case cannot but be gratifying to the members of the Ontario Medical Council and the profession generally.

CORONERS.—Dr. G. E. Coulthard, of Fredericton, has been appointed coroner for the County of York, N. B. Dr. W. J. Charlton, of Weston, has been appointed coroner for the County of York, Ont. Dr. J. D. Ross, of Moncton, has been appointed coroner for the County of Westmoreland, N. B.

OMISSION.—The name of Dr. Thom, councillor for Streetsvile, was accidentally omitted in our last issue ; also Dr. Bucke, of Palermo, and Dr. McLay, of Woodstock, Ont. Dr. Faulkner, of Stirling, has been elected warden of the county of Hastings.

As we go to press we learn with deep regret of the death of Dr. C. H. Lavell, eldest son of Dr. M. Lavell, of Kingston. We have also received an obituary notice of the death of Dr. J. R. Smith, of Harrowsmith, written by his former fellow-student, Dr. Dupuis, of Kingston. It will appear in our next issue.

A LONDON doctor was sent for by a lady in Chelsea. The lady apologized for asking the doctor to come such a distance, when the doctor unguardedly said: "Don't speak of it. I happened to have another patient in the neighborhood, and can thus *kill two birds with one stone.*"

DR. WILLIARD PARKER is eighty-three years old; Alonza Clark, eighty; A. C. Post, seventy-seven; Isaac E. Taylor and Austin Flint, seventy one, and Frank H. Hamilton, seventy. Some of these distingnished medical men are still in active practice, notwithstanding their great age.

SIR BENJAMIN BRODIE'S PRESCRIPTION FOR GOUT.—℞. Pil. hydrargyri, ext. rhei, ext. coloc. co.. *aa* ℈j ; ext. colchici acet., gr. xv. Ft. pil. xv. Sumantur tres horæ somni pro re natâ.

Prof. Balfour, Dean of the Medical Faculty of the University of Edinburgh, died recently at the age of seventy-five.

Books and Pamphlets.

A SYSTEM OF ORAL SURGERY, being a treatise on the diseases and surgery of the Mouth, Jaws, Face, Teeth, etc., by James E. Garretson, M.D., Dean, Philadelphia Dental College, etc. Fourth edition, revised and illustrated, pp. 1002. Philadelphia: J. B. Lippincott & Co.; Toronto: Hart & Co.

The work is well written, full and complete, both in description and illustration. Although a large portion of the book is taken up with dentistry proper, ample justice is done to the various surgical diseases and malformations of the face, nose, mouth and palate, and the operations for removal of the tongue, upper and lower jaw, etc., etc. The author has spared neither labor nor expense to render the work a complete and comprehensive exponent of oral surgery. It is supplied with a copious index. We heartily commend it to the attention of the profession in Canada.

THE STUDENT'S HAND-BOOK OF CHEMISTRY, with tables and chemical calculations. By H. L. Greville, F.I.C., F.C.S., chemist, London, Eng. E. & S. Livingstone, publishers, Edinburgh.

The author has endeavored to simplify the subject of chemistry as much as possible. The work deals with both inorganic and organic chemistry, and much information has been compressed into small compass. It is well adapted as a hand-book for medical students, being furnished with a copious index, and the text given in such a form as will render it readily accessible to the student. We commend the work to the attention of Canadian students.

A HAND-BOOK OF SKIN DISEASES AND THEIR TREATMENT. By John R. Kippax, M.D., L.L.B., Professor of Principles and Practice of Medicine and Medical Jurisprudence in the Chicago Medical College, etc. Second edition, revised, enlarged, and illustrated. Chicago: Duncan Bros. 1884.

We noticed at some length the first edition of this work, and would here add that the present edition has been carefully revised, many parts rewritten, illustrations added, and the book considerably enlarged. The work is essentially a digest of practical dermatology. It gives in small compass the classification, etiology, symptomatology, diagnosis, and treatment (Homœopathic) of cutaneous diseases.

THE EDINBURGH MEDICAL SCHOOL GUIDE TO STUDENTS, 1883-84. E. & S. Livingstone, publishers, Edinburgh.

This little work contains all the information required for graduation in medicine and sanitary science, also for the Licenses of the Colleges of Physicians and Surgeons. It also contains the examination questions, set by the University and Colleges, for several years past.

The International Review of Medical and Surgical Technics (quarterly), edited by Dr. J. H. Warren and others of Boston, is a new adventure destined to fill a useful place in medical journalism. The price is $2 per annum. It is devoted to the illustration and description of new instruments, appliances, and methods of operation.

INGROWING NAILS.—The following practical hints on the management of ingrowing nails are from the Journal of Cutaneous Diseases.

When the nail threatens to grow into the skin, or has already injured it, the first indication is to put on a sock of moderate size and to remain quiet. Afterwards the nail is to be scraped on the affected side till it is sufficiently thin; then it is to be seized with a delicate forceps, raising it in a sense inversely to its natural curvature. This having been done a small lamina of lead of a few millimeters' thickness is to be inserted beneath the nail, and after folding it over the toe, it is to be fastened there with a strip of plaster. In this manner the granulation being no longer in contact with the margin of the nail, the pain ceases, and the sore heals more or less rapidly; during the whole of this time the apparatus should be frequently inspected, so that the lamina of lead may not become displaced. Besides this it is necessary to scrape the nail every two or three days, so as to keep it thin and flexible, until the skin returns to its natural state, and can resist the pressure of the nail, and then the lead is removed. Hebra treats ingrowing nails in the following manner: Cut some flakes of lint of the length of the lateral groove of the nail, or a little longer. The lint is to be placed under the nail parallel to the groove; then with a flat probe introduce the lint, thread by thread, between the flesh and nail. Thus the parts are separated, with the little cushions of lint lying between. The sulcus is then to be filled with pledgets of lint, and finally long narrow strips of adhesive plaster are to be applied, always from above the inflamed sulcus downward, in such a manner that the latter is still farther removed from the margin of the nail. With such a dressing applied with sufficient care, there is no pain whatever; and the patient can in a short time put on his ordinary stocking, and walk without trouble. After twenty-four hours the strips of adhesive plaster are to be removed, being previously softened in a bath of tepid water. This dressing is to be repeated daily; and in from two to four weeks it will be found that the toe is entirely well.—*Medical Age.*

SMALL DOSES.—The *Medical Times* and *Gazette* contains an article by Dr. J. C. Thorwood, in which he states the doses of medicines as set forth in books are often needlessly large when a gradual alterative or specific action from the remedy is desired. Calomel and other preparations of mercury, given in repeated small doses, in his experience, have proved valuable in the treatment of peritonitis, pleurisy pericarditis. He gives an example: A lady with knees drawn up in bed, rapid small pulse, black tongue and incessant vomiting. She had been confined about five days previous, and was taking repeated doses of opium. The opium was withdrawn and calomel administered in one-third grain doses every two hours. Under this treatment the vomiting ceased and convalescence set in.

The dose of tincture of aconite is from five to fifteen minims (British Pharmacopœia) but better results have been obtained from a dose of one or two minims every two hours in commencing inflammation.

The writer knows of no drug so generally useful in the treatment of asthma as arsenic, and in fifteen years' experience has seen a great many cases of spasmodic asthma that seemed to get quite well under the influence of small doses of arsenic. He never exceeded the dose of three minims of either Fowler's solution or of liquor sodæ arseniatis three times in the day.

In his hands excellent results have been obtained from a persevering use of very small doses (one-fiftieth of a grain) of strychnia in promoting the restoration of exhausted nerve function, while larger doses do but add irritation and eventually increase the exhaustion. Tincture of nux vomica taken in doses of one to two minims, fasting every morning, is very useful in the cure of chronic constipation of the bowels while five or ten minim doses three times daily act very much like quinine in checking the action of the liver, and causing disturbance of the system.—*New Summary.*

ON SCHOOL HYGIENE.—This was the subject of an address before the American Health Association, at its last meeting, by Dr. Charles J. Lundy, of Detroit. He sums up tersely as follows what is required to remedy existing defects:

1. Avoid the cramming process in education, and the nervous excitement due to the spirit of rivalry.

2. Reduce the number of subjects in the curriculum, and shorten the periods of study.

3. Ventilate the school rooms in accordance with the most approved methods.

4. Regulate the temperature of the school-room —an atmosphere which is too warm debilitates the system.

5. Provide properly constructed and arranged seats and desks.

6. Instruct pupils to sit erect, and to hold the book or paper at least twelve inches from the eye.

7. Provide highly myopic pupils with proper spectacles, which will enable them to read at the natural distance of twelve inches.

8. Furnish pupils with well-printed books.

9. Furnish abundance of light, without producing glare. Let it come from the left side if the room is narrow, from both sides if the room is wide.

10. Provide for the physical education of school children, and teach them the importance of outdoor exercise.

PROF. BARTHOLOW says iodide of ethyl is a very valuable antisposmodic, singularly, and immediate beneficial in spasmodic asthma, also lessening liability to subsequent attacks. In capillary bronchitis it is conspicuously beneficial, as also in catarrhal pneumonia. In chronic bronchitis it is a most valuable agent, from its local action. It will probably take the place of iodine vapor for respiratory diseases. The dose is gtt. v-xx three or four times a day, by inhalation, generally from a handkerchief.—*Coll and Clin Record.*

FOR TORPIDITY OF THE LIVER.—Professor Delafield, of New York, recommends the following :

R	Podophyllin.,	grs. ij,
	Hydrarg. bichlorid.,	gr. j,
	Pulv. ipecac.,	grs. iv,
	Ext. colocynth co.,	grs. x. M.

Ft. pil. No. xx.

Sig. One pill three times a day.

PAINLESS PARACENTESIS.—Since general etherization is sometimes interdicted owing to some heart trouble, etc., and since the ether-spray is disagreeable, owing to the odor of the ether, the following, not very new, but practical suggestion of Dr. F. P. Stapes in the *Brit. Med. Jour.*, Nov. 17, '83, is worthy of note. He applies a mixture of salt and ice for about twenty minutes before the operation This completely destroys all sensibility in the part —*Med. and Surg. Reporter.*

ETHER IN TYPHOID FEVER.—A French physician considers hypodermic injections of ether very valuable in the adynamic forms of the disease. He reports five cases so treated. Two injections, of twenty drops each time, were made daily, and under its influence the patient was aroused and delirium ceased. In pneumonia, these injections are of the greatest utility, as they are in every malady assuming a typhoid form.—*Med. and Surg. Reporter.*

At the clinic (*Col. and Clin. Record*) Prof. Pencoast's wrist tourniquet is used by him. It consists of two compresses over the ulnar and radial arteries, covered by a strip of adhesive plaster extending almost around the wrist. He reported an operation in which the palmar arch was cut, and hemorrhage was prevented by this tourniquet alone, no ligatures being used.

NEURALGIA—Prof. Roberts Bartholow recommends equal parts of chloroform, camphor and hydrate of chloral, as an efficient local application to allay the pain of neuralgia. This simple mixture, he recently stated to his class, is very rapid in its anodyne action on the part to which it is applied.—*Med. Summary.*

PROF. PARVIN says that a strict milk diet is the best and almost certain remedy for the albuminuria of pregnancy. A recent case thus treated was delivered of twins, no convulsions occurring.—*Coll and Clin Record.*

Prof. Rogers, last week, demonstrated the folly of decolorizing solutions of iodine, the reaction being really the formation of an iodide and iodate.

Births, Marriages and Deaths.

On the 23rd ult., the wife of Dr. J. Fulton, Toronto, of a daughter.

At Chatham, N. B., on the 13th ult., John Thomson, Esq., M.D., aged 75 years.

At Whitevale, Ont., on the 4th ult., J. R. Tabor, M.D., aged 43 years.

In Chicago, on the 26th of January, Alexander C. Savage, M.D., formerly of Ottawa.

At Harrowsmith, Ont., on the 17th ult., Dr. J. R. Smith, aged 45 years.

In Kingston, on the 26th ult., Dr. C. H. Lavell, eldest son of Dr. M. Lavell.

**** *The charge for Notices of Births, Deaths and Marriages is Fifty Cents, which should be forwarded in postage stamps with the communication.*

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Original Communications.

CONCUSSION OF THE SPINE.*

BY A. WORTHINGTON, M.D., CLINTON, ONT.

Perhaps this subject will be best considered and present an amount of interest equal to any other, by taking up "Concussion of the Spine," the pathology of which presents such varied and remarkable features. Mr. Robert Liston has said that "no injury of the head is too trivial to be despised," and Mr. J. E. Erichsen says in his lectures on "Injuries of the Nervous System," p. 84, the "observation, true as it is with regard to the head, applies even with greater force to the spine." Few clinical details are to be found in works on surgery, and there is not an abundance of clinical writing on this subject by specialists. Three classes of injuries are mentioned by Mr. Erichsen. 1st. Concussion of the spine from direct and severe injury. 2nd. Concussion of the spine from slight injuries, concussion from carriage accidents and from falls and shock. 3rd. The effects produced by wrenches or twists of the spine. The following case will illustrate the first class :—J. R., a clerk by occupation, was admitted under the care of Mr. Erichsen, into University College Hospital, October 2nd, 1862. He had been knocked down half an hour previously by a cab, the horse's knee striking him on the neck. He was conscious, but quite unable to move, and passed his urine and fæces involuntarily on his way to the hospital. There was abrasion and ecchymosis on the left side of the neck. There was no irregularity or inequality of the spinous processes or evidence of fracture. There was also complete paralysis of sensation and motion from the shoulders down. The breathing was wholly diaphragmatic. He complained of great pain at the point of injury, and in the right hand and arm which was bruised. Motor power not entirely lost, as he could raise his legs and cross them, but sensation is entirely gone. His great distress was a feeling of tightness as of a cord tied tightly round the abdomen below the umbilicus. 5th October, had slept well, pulse 64, strong ; passes fæces involuntarily. 8th. Is able to move his head and neck from side to side ; has less pain ; urine has been ammoniacal from the beginning ; bedsores over sacrum have much extended. 10th. Difficulty of breathing came on, but was relieved by the 11th. On the 12th it returned with mucous râles, and he died that night, ten days after the accident.

Autopsy.—The brain was found uninjured and healthy ; the 6th and 7th cervical vertebræ had been separated posteriorly ; the vertebræ themselves and their arches were quite sound, but there was a fissure extending through the articulating processes on the left side, without displacement. A large quantity of blood was extravasated into the spinal canal lying between the bones and the dura mater, also a quantity of reddish brown serum in the arachnoid. The pia mater had some blood patches on it in the lower cervical region. The cord itself was quite healthy.

Boyer* relates two cases. In one the patient struck his loins by falling into a deep ditch. He was affected by complete paraplegia, and speedily died. On examination no morbid appearances could be detected ; neither fracture, dislocation, effusion or any lesion of the cord or its membranes. In the other case, a man amusing himself with gymnastic exercises, strained his back between the shoulders. He became paraplegic and died in a few weeks. After death no lesion of any kind was found in the spine or cord.

Twists or wrenches of the spine without fracture or dislocation of the vertebræ are among the most serious affections of the spinal cord which are met with in surgical practice. In all the various forms and degrees of injury sustained by the spinal column, some or all of the same train of symptoms follow soon or later. If immediate or secondary the countenance is usually pallid and has a careworn anxious expression. The memory is defective ; the thoughts are confused ; all business aptitude is lost, temper changed, and sleep is restless and broken. The organs of special sense are often more or less seriously affected, and the state of the spine will be found to be the cause of all these symptoms. The lesions when found are: 1st. Hemorrhage† within the spinal cord. 2nd. Laceration of the membranes of the cord and extravasation of the medullary substance. 3rd. Disintegration, and perhaps effusion and inflammatory softening of the cord. Hemorrhage of the spinal canal may occur. 1st. Between the vertebræ and dura mater. 2nd. Between the membranes and the cord. 3rd. In both situations.

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*From the report on Surgery and Surgical Pathology of Diseases of the Nervous System, read before the Ontario Medical Association, in June last.

* Maladies chirurgicales, p. 135 and J. E. Erichsen's Lectures, p. 28.

Diagnosis.—There appear to be three morbid conditions for which concussion of the spine may be mistaken. They are:—1st. The secondary consequences of cerebral concussion. 2nd. Rheumatism. 3rd. Hysteria.

Prognosis.—"Concussion of the spine may prove fatal, first, at an early period, from the severity of the injury; secondly, at a more remote date, from inflammation of the cord and its membranes; and thirdly, after the lapse of several years, from the slow, certain and progressive structural changes in the cord and its membranes," due probably to inflammatory action of a very chronic character. As to recovery, two points are noticed. "First, the recovery from the primary and direct effects of the injury, and secondly, from the secondary and remote consequences of it." Recovery is said to take place more often and complete in concussion of the spine in the primary stage, and before the secondary stage is reached. This will apply more especially to young and healthy persons. "Ollivier makes the statement that it is rare to find inflammation of the spinal membranes limited to the vertebral canal, that we find at the same time a more or less intense cerebral meningitis, that they often complicate the case so as to render the diagnosis difficult, especially in the early stages." Partial recovery is not unusual in cases of severe and direct injury to the spine. Recovery up to a certain point takes place and remains stationary, beyond which they rarely get, as it is probable that structural lesions have taken place in the membranes if not in the cord. Erichsen says, (page 100), "I have never known a patient to recover *completely and entirely so as to be in the same state of health that he enjoyed before the accident*, in whom the symptoms dependent on chronic inflammation of the cord and its membranes, and on their consecutive structural lesions had existed for twelve months; and Ollivier has observed that while such a patient may live fifteen or twenty years in a broken state of health, the probability is that he will die within three or four.

Treatment.—There is not much to be said in reference to treatment. Absolute rest in the prone position is of the utmost importance. This places the spine as the highest part of the body and pressure upon the injured parts is avoided, passive congestion prevented, and possibly bed-sores from loss of vitality, and what is of equal if not greater importance, after symptoms of shock have disappeared, the persistent and cautious application of cold water over the injured part, or any portion of the spine which is tender and painful. Blisters may also be applied with good effect in conjunction with cold water, or ice, if necessary.

NOTES ON THE TREATMENT OF LUPUS

BY J. GUN, M.D., DURHAM, ONT.

I have recently had the opportunity of trying Volkmann's process of "Evidement" in the treatment of three cases of Lupus, a report of which may not be uninteresting to some of the readers of the LANCET.

CASE I. *Lupus Serpiginosus.*—A middle aged lady, multipara, complained of an obstinate disease of the skin of the face, which had troubled her for years. She enjoyed perfect health otherwise; her children also were robust, and free from any skin or glandular affections. On examining the face, I found the skin over the malar bone of the left side, as well as that over the inferior border of the orbit, paler than the surrounding integument, glistening, thin, and slightly depressed. A number of tubercles of the size of peas, some isolated, some confluent, and in part covered with crusts of a dirty yellow color, occupied the side of the nose of the same side. On removing the crusts, the granulations were of a livid red color, soft, friable, bleeding easily, and, on pressure, exuded a thin pus. The treatment consisted in the free application of a pointed stick of nitrate of silver to the diseased surface. By this means the granulations were easily removed and at the same time the lupoid nests destroyed. In a few weeks the progress of the disease was effectually stopped, a pale, glistening cicatrix alone marking the site of the lupoid granulations. This lady removed to a distant part of the Province, so that I have not had an opportunity of knowing whether there has been any re-appearance of the disease.

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† Erichsen's Lectures, p. 38.

CASE II. *Lupus Vulgaris.*—The left cheek over the buccinator muscle was occupied with a circular patch of lupus tubercles fully two inches in diameter, the skin towards the ear being of a glistening and scar-like appearance. The tubercles were closely packed together, raised one to two lines above the surrounding skin *(lupus exuberans)*, of a livid red color, firm to the touch, slightly painful, bleeding easily, and, on pressure, exuding a cheesy-like pus. In this case, a healthy subject otherwise, a male, of middle age, the disease had existed for many years. It first shewed itself in front of the pinna of the ear in the form of small, pointed tubercles, at first isolated, but soon becoming confluent and covered with crusts. Fresh tubercles formed, advancing towards the angle of the mouth, and as these matured, the older exfoliated and disappeared, leaving the skin of a glistening appearance, thinned, depressed and bald. The treatment at first adopted was by caustics. Vien a paste, chloride of zinc, pernitrate of mercury, etc., tried in succession, but without making any decided impression in the removal of the diseased mass. Latterly I adopted Volkmann's plan which proved successful. The tubercles were removed one by one with the scoop end of an ordinary director, and after bleeding had ceased, a pointed stick of nitrate of silver was pressed with a boring motion into the depths of the lupus nests in the tissue of the corium. In a week or two a few fresh tubercles made their appearance on the raw surface here and there, and especially along the margins of the ulcer, but these were easily removed by a fresh application of the nitrate of silver. Cicatrization went on rapidly, and now, twelve months after all treatment ceased, there has been no return of the disease.

CASE III. *Lupus Exulcerans.*—When this case came under treatment it had advanced to the stage of ulceration. The lupoid ulcer was situated on the upper lip, near the base of the right nostril and immediately over the root of the canine tooth. The base of the ulcer was covered with red granulations, painful and bleeding easily, the margins being well defined, firm and undermined. External to the ulcer there were several tubercles, discrete, of the size of small shot and of a yellowish red color. The granulations were removed in the usual way, after which a few applications of the nitrate of silver in stick was made to the base and sides of the ulcer. The progress of the case is satisfactory. It is still under treatment, but from the healthy granulations formed in the base of the ulcer, and the rapid closing in of the margins with healthy tissue, it is evident that the disease has been removed and that the cure is nearly complete.

In these cases the treatment adopted has been essentially that recommended by Volkmann in 1870. As is clearly stated by that distinguished authority, the treatment of lupus resolves itself into two steps: first, the removal of those tissues which are so affected that healthy permanent tissue cannot be formed from them; secondly, the destruction of the young lupoid cells. The first object may be secured, in some cases no doubt, by the use of caustics, but, as Volkmann recommends, and as my experience, though limited, has confirmed, it will be much more easily and effectively attained by the use of the scoop. For the destruction of the lupoid nests, or as Volkmann has it, the absorption of the lupoid cellular infiltration, he recommends multiple punctiform scarification with a narrow-bladed knife. I tried this method in case No. 2, but found that boring into the lupoid nests with a nitrate of silver stick was preferable. It penetrates the lupus tissue easily, but meets with considerable resistance when pressed against tissue free from the disease. It would seem, however, that in large confluent lupus in which the corium is extensively infiltrated, punctiform scarification, often repeated, would be attended by good results.

Lupus being a local disease, no special constitutional treatment was adopted in these cases, except such as was indicated by the general condition of the patients.

Correspondence.

EMPHYSEMA DURING LABOR.

To the Editor of the CANADA LANCET.

SIR,—On the 26th of February I was summoned to attend Mrs. D., æt. 21, in her first confinement.

On arriving, I found the pains recurring about every fifteen minutes and expulsive in character. The os was the size of a dollar and head presenting in the first position. Labor progressed favorably during the subsequent hour and a half, when I observed my patient's face very much swollen, the swelling appearing suddenly. The child's head at this time, twenty minutes before delivery, was forcing my hand on the perineum and required my undivided attention. I merely ordered the neckband of the night-dress loosened, and immediately after the child was born I examined the patient and found the following condition: The swelling extended from the anterior border of the trapezius muscle on one side to the same position on the opposite, causing the neck to be nearly even with the chin, and vertically from both malar bones downwards to a level with the third or fourth ribs. The skin was normal in appearance, swallowing and breathing were performed with ease, the patient was cheerful and exceptionally well in every respect. On applying my fingers to the swelling, I could feel the peculiar crackling sensation characteristic of emphysema. In fact the patient could distinctly hear it when moving her jaws. This crackling sensation could be distinctly felt over the entire surface of the swelling, but more especially evident in front of the neck, on both sides of the larynx and trachea. I left the case entirely to nature, ordering no special treatment.

On the 27th I visited my patient and found her in about the same state. She had slept well all night, had an excellent appetite, and was very comfortable; the swelling had slightly diminished. This was the first time, in an obstetric experience of nearly 2000 cases, that I had seen a case of the kind. There is no doubt that the air became extravasated into the cellular tissue during the straining of the patient in order to assist nature, although the straining did not appear more than usual, in fact not nearly so severe as I have seen.

I think the case is of sufficient importance to enable us to see in it another danger of advising patients to strain and hold their breath in order to accelerate delivery, a custom very commonly adopted by midwives and nurses, and one that cannot be too strongly condemned. In all ordinary cases, nature asks for all necessary aid by causing involuntary muscular action, rendering voluntary action not only unnecessary but dangerous.

Yours, etc.,

J. S. BENSON, M.R.C.S.E.

Chatham, N.B., 28th Feb., 1884.

JOHN R. SMITH, M.D., HARROWSMITH, ONT.

To the Editor of the CANADA LANCET.

SIR,—When a member of our profession dies, the least we can do in the way of respect for his memory is to honor him with an obituary notice. In our profession, honors do not crowd "thick and fast" upon any of its members; there are no salaried sinecures to which we can look for an appointment; there are no hopes of being pensioned off with a comfortable living when age has stiffened the limbs and dulled the faculties, or when overwork has forestalled the ruthless hand of time. The hard and honest toilers amidst disease and death, who in the darkness and the daylight, through summer's heat and winter's cold, never refuse to face all weathers, and who, in the rude cabins of the humble as well as in the more comfortable abodes of the well-to-do, labor on, and worry, and wear themselves with suffering, that others may suffer less; have no peculiar social privileges or public distinctions. Wealth is a prize that few if any can ever attain, and the "otium cum dignitate" that is often the dream of youth, flies before them, as the rainbow that covered the cup of gold, fled from its pursuer. For the vast majority of medical men the song must be:

Labor on, labor on! there'll be resting by and bye,
When life's short day is done, and head and hands shall lie
Where the tomb its quiet shelter o'er us throws,
And no waking ever breaks our long repose."

Dr. Smith was one of the toilers who labored on, and labored more that others might suffer less, and who looked for no greater testimonial to his worth than the plaudit of "Well done, faithful servant," and no monument more honorable than a memorial thought deeply engraved upon each of the many hearts from which he had lifted the burden of sorrow. He was born at Ormiston, in Scotland, in the year 1831, and in his youth came thence with his parents to Kingston, Ont. Of his early life I know nothing, having first become acquainted with him during my college days at good old Queen's University in this city. For several years past I have been acquainted with various members of his family and they belong to that class of persons whom to know is to love; they are true representatives of that type of "Auld Scotia's" sons, who look upon an honest man as the noblest work of God. In 1863 he graduated in medicine, and immediately after his graduation went to the United States and joined the army of the Republic as assistant surgeon of volunteers. He acted in this capacity until the close of the war in the fall of 1864, and thus for a year and a half obtained the surgical experience which only a great war can afford. Upon his return to Canada, partly through my advice and partly through the advice of other friends, he settled in Harrowsmith, which although a small village at that time, afforded one of the best country practices in this part of Ontario. There his professional ability, his urbanity, his goodness of heart and his geniality of disposition soon became known, and established him not only as one of the leading medical advisers in that section of country, but as a pleasant companion and a true family friend. When our Canadian volunteer militia was organized, Dr. Smith was appointed Surgeon of the 47th Frontenac Battalion, a position which he vacated only at his death. Although of more than average professional ability, he was content to fill his calling in a hard country practice, rather than cultivate an easier life in some large town or city. Although frequently speaking of adopting the latter course, the feeling of attachment between his country patients and himself was so great that he could never fully make up his mind to sever the links that bound them together.

For the past twenty years Dr. Smith has been a useful man to a large and increasing number of clients, and now that he has gone, hundreds feel that they have been bereft of a friend, and mourn his untimely loss. He possessed a good constitution, and seemed to enjoy the best of health up to about six months ago. He then began to complain of more or less pain behind the sternum, of an occasional dry irritative cough and difficulty in swallowing; he began also to lose flesh and suffer a deterioration of muscular strength. He continued to perform his professional duties, however, and on several occasions of my meeting with him he stated his condition to me, but supposed he was suffering from bronchitis and that he would soon recover. About three months ago I was called to see him, and from the symptoms then manifested I diagnosed cancer of the stomach with obstruction of the œsophagus. My partner, Dr. Henderson, saw him some time afterwards and confirmed my opinion, which was also concurred in by Dr. Day, of Harrowsmith. We continued to visit him occasionally, Dr. Day especially giving him every care and assistance in his power, until death brought him his final release from suffering.

The day after his decease, Drs. Day, Henderson and myself made a post-mortem examination, and found abundant confirmation of our diagnosis. A large cancerous mass, in a stage of ulceration, occupied the lower part of the œsophagus, and several hard nodules, one of them as large as a pullet's egg, were situated in the walls of the stomach about the cardiac orifice, and some of these also in the ulcerative stage. Other abdominal organs also were affected. For eight weeks previous to death he was confined to his bed, and although his sufferings were very great, never a murmur or complaint escaped his lips. He leaves a kind and devoted wife to mourn his loss, but no children.

Thus has passed away a noble-hearted and useful professional brother at an age when experience should have crowned him with distinction in his chosen vocation. In his death I miss another of the remaining few that sat in the class-rooms with me and drank in knowledge from the same teachers. Thus I am reminded that one by one the links are breaking that enchain our spirits here, and that ere long I too must follow, and that the generation even to which we belonged shall soon be numbered with the past.

Yours truly, THOS. R. DUPUIS.

Kingston, Ont.

NOVEL INHALER.

To the Editor of the CANADA LANCET.

SIR,—I had occasion to give chloroform a short time ago where I was dubious as to using the napkin, as the patient was suffering from rheumatic valvular disease, and as I was wearing matted cuff-protectors worn by storekeepers, the idea suggested itself to cover the small end with lint and drop the chloroform thereon, and by stretching or compressing I could regulate the quantity of air I desired mixed with the chloroform vapor. The experiment was so successful that I have used the cuff-protector several times, and am convinced that it is as good a means of administering anæsthetics as can be got, and the expense is *nil*.

Yours faithfully,

JAMES SKIRVING.

Tavistock, Ont., Feb. 23, '84.

Reports of Societies.

SANITARY CONVENTION.

The Ontario Board of Health held its second annual sanitary convention in Ottawa on the 12th and 13th ult. The attendance was very good, and many interesting papers on sanitary matters were read and discussed. The chair was taken by Dr. Sweetland and the association was welcomed by the mayor. An introductory address was delivered by the chairman of the Board, in which he dwelt chiefly upon sanitary statistics, the reduction in the death rate in consequence of sanitary improvement in recent times; and concluded by defining the respective duties of the Dominion and Local Parliaments, and municipalities, in regard to sanitation.

In the afternoon session, Dr. Canniff, medical health officer for Toronto, gave an interesting account of his labors in sanitary work in the Queen City of the West, and quoted from his report report recently published. In his work he was assisted by a staff of policemen, and these were instructed to visit every house and examine the drainage, disposal of sewage, condition of water closets, yards, lanes, &c., and suggest changes and improvements. Legal proceedings were in every case avoided, so as not to array the public against the system. In the discussion which followed, Dr. Canniff's plan was strongly approved. An address on "The Ventilation of Dwellings," by Prof. Baptie, Ottawa, and a paper by Dr. Cassidy, Toronto, on "The Ventilation of Public Buildings," evoked a very interesting discussion.

At the evening session Dr. Covernton, of Toronto, read a paper on the "Abuse of alcohol, and increase of nervous diseases in modern times." He said that by the abuse of alcohol men were led to a premature death after the destruction of body and mind, and gave some startling statistics to that effect. The greater part of alcoholic drinks offered for public sale contained more or less of the poisonous kinds of alcohol, and he approved of the Government encouraging the importation of light, cheap wines by low duties. A paper on "School Hygiene" was read by S. Woods, Ottawa, who was in favour of cheerful school-houses, and plenty of exercise for pupils. He considered that overwork and overstudy were not so injurious as the want of hygienic arrangements. Dr. Bryce, Toronto, read a paper entitled "Zymotic diseases, where they are, and why," and illustrated his remarks with magic lantern diagrams.

On the second day a paper was read by Dr. E. Playter, of Ottawa, on "Diet." The points which gave rise to most discussion were the expression of the opinion that cancer was on the increase in Ontario, and an account of some experiments showing that the human system is better able to resist catching cold under low than full diet. The question was raised whether the greater accuracy of vital statistics did not cause apparent increase. Dr. Playter, however, appeared to think the increase was real. Rev. Mr. Wood asked whether the old adage "Feed a cold and starve a fever" was sound or ironical. Dr. Playter, Dr. Small, and Dr. Sweetland all agreed that the best policy was to 'starve' a cold. Dr. Small said the true reading of the maxim was, "If you feed a cold you will have to starve a fever."

T. Guerin, C. E., Ottawa, read a paper on "Sewerage," in which he criticised the various means of ventilating sewers by man-holes or shafts. He condemned all these plans except ventilating by man-holes, which he considered the least objectionable. In summing up the different modes of ventilation, he concluded that no treatment of sewer gas was so good as cutting it off altogether, trapping it at every possible point. He entered into a discussion of the various kinds of traps, and exhibited a model of one which he considered most efficient.

The question of establishing a Dominion Board of Health next came up for consideration, and after considerable discussion it was decided to defer further consideration of this matter until after the next meeting of the Canada Medical Association in order to give the Committee of that body time to report. F. N. Boxer, C.E., Montreal, read a paper on the "Hidden Sources of Disease," such as defective sewers, bad water, impure air, &c., and urged the claim of sanitary science on the assistance of the government. Dr. Rogers, of Ottawa, followed, with a paper on the "Prevention of Disease," in the course of which he strongly objected to the placarding of houses where infectious diseases existed as a tendency to excite alarm. Dr. Covernton replied, showing the benefits of placarding in staying the spread of infection.

At the close of the meeting resolutions were adopted expressing the opinion that local boards of health should have power to enforce the proper drainage of houses, and declaring that persons suffering from or recently recovered from infectious disease should not enter public conveyances.

ONTARIO BOARD OF HEALTH.

First regular meeting of the Board for the present year was held in Toronto on the 6th, 7th and 8th of February, 1884. Members present Drs. Oldright, Covernton, Cassidy, Rae, Yeomans, Prof. Galbraith, and Dr. Bryce, Secretary. The minutes of the last meeting were read and confirmed, and various communications read. Amongst these were letters from Dr. Powel, of Edgar, *re* small-pox; Dr. Wells, of Barrie, *re* diphtheria; F. G. Johnston, Sarnia, *re* methods of obtaining reports, and others. The report of the Legislation Committee was then taken up.

February 7th—After routine the chairman read a communication from the Minister of Education in reference to the preparation of a work on school hygiene, after which it was moved by Dr. Cassidy, seconded by Dr. Covernton, and carried,—That a Special Committee composed of Drs. Oldright, Covernton, Cassidy, Yeomans and Rae, be appointed to prepare a work on hygiene.

The report of the Committee on Legislation was received and adopted. The subsidy to the *Sanitary Journal* was, on motion, continued to the end of the year ending August, 1884.

February 8th—After routine, a communication from Mr. Allan McDougall was received *re* extending the course of sanitary lectures. After discussion it was moved by Dr. Rae, and seconded by Dr. Yeomans and carried—"That a sum not exceeding fifty dollars be devoted to the purpose of defraying the expense connected with a partial course of additional lectures on Sanitary subjects in connection with the Canadian Institute, if the proposition meet with the approval of the latter body."

In the matter of continuing the weekly disease reports it was directed that the Publication Committee be requested to consider and report upon the best means of curtailing the expenses connected with the publication of the weekly Health Bulletin.

The matter of the Ottawa Convention was then discussed, and various matters of arrangement completed, after which Dr. Yeomans read the report of the commission to investigate typhoid fever in Luther Village, which was adopted.

Selected Articles.

THE DIAGNOSIS OF ABDOMINAL TUMORS—VESICO-VAGINAL FISTULA.

CLINIC—BY W. GOODELL, M.D., PHILADELPHIA.

The first case I bring before you is a perplexing one, and I bring it before you for the purpose of diagnosis. I have already examined the case with a great deal of care, but I am in great doubt as to its nature. It shows the difficulty in the diagnosis of abdominal tumors. If I cannot, with all my experience, tell what the matter is; how much more likely will you be to blunder? The first peculiarity about this case is that the lady has a very good complexion; her lips and tongue are of good color. She has a far better appearance than you ordinarily see in abdominal tumors. She says that four years ago, she detected a swelling in the abdomen. I do not place much reliance upon these statements made by patients. Women often come to me thinking that they have a tumor, and on examination I find nothing but wind. If she had said that her physician had found the tumor, I should have placed more confidence in the statement.

This is a puzzling case, because I cannot make out whether this is a cyst or whether it is free fluid in the abdominal cavity. If it were free fluid, it would constitute abdominal dropsy, and we should naturally expect to find some cause for the dropsy. I have examined the heart and lungs carefully, but they are perfectly healthy. There is no disease of the liver, although I at first thought I detected some signs of hepatic trouble. I next turned to the urine; specific gravity, 1022; alkaline reaction, no sugar or albumen. In the sediment there are triple phosphates and a few octahedral crystals of oxlate of lime. There is then no evidence of organic disease of the kidneys.

Examining the tumor, you see that it does not project as cysts usually do. It is flaccid, and on percussion you can see the wave pass from one side to the other. In the cysts that you have seen, the tumor has been tense and projecting, but here we have a tumor irregular in shape, flaccid and bulging laterally. The appearances are those of free fluid in the abdominal cavity.

If this were abdominal dropsy, we should expect to find resonance on percussion in front from the floating up of the intestines. I now percuss, but all over the front there is perfect dulness. I press deeply, but can develop no resonance. This is not a feature of ascites, but it might be due to great distension of the abdomen, which is not the case here, or it might be due to inflammatory adhesions preventing the intestines from floating upwards. Let us see if we can get the coronal resonance which is due to the intestines surrounding the cyst, giving a crown shaped resonance. On the right side there is no resonance. There is more over the stomach, but on the left side in the line of the descending colon I find some resonance. The intestines may be adherent at this point.

I have carefully examined the womb. It measures 3.5 inches. It was retroverted but I was able with the sound to raise it and make such motion that I feel the greatest assurance, although not positive certainty, that the womb has nothing to do with the tumor, unless there should happen to be a fibroid tumor. A pedunculated fibroid tumor may produce dropsy of the abdomen, and the patient retain fair health, because it is a dropsy from irritation.

I tell you candidly, that I do not know what this is; but I am disposed to think that it is a cyst of the broad ligament. I shall tell you why. These cysts are more apt to be flaccid; they last longer, from four to nine years; they interfere with the general health less than any other tumor; they rarely give pain; and they have alternations of flaccidity and distension. I have examined this woman in different positions, but the result was always the same. I shall now tap her and see the character of the fluid. I first freeze the part with ice and salt and then plunge in the aspirating needle, and immediately the fluid begins to flow. I have taken care to see that the bladder had been emptied. This is a slow way to remove the liquid, but it is a safe way.

While the fluid is flowing, I shall talk a little about this object of tapping, because it is an operation which you will have to perform. It is not difficult to do, if you observe certain rules. Other things being equal, always tap in the linea alba, because there we find the fewest blood vessels. The point of election is midway between the umbilicus and the symphisis. If the most prominent point of the cyst is to one side, it will be proper to tap at that point. In the second place; use the aspirator in preference to the trocar. In the third place, and by the way, this should have been among the first, see that the bladder is empty. There are good reasons for this rule for the mistake of confounding a distended bladder with an ovarian cyst has often been made.

The danger from the use of the aspirator in ascites is very small, for the peritoneum has been so altered by pressure, that it is no longer so vulnerable as the peritoneum is usually considered to be. There are greater dangers in tapping a cyst, for the wall of the cyst is vulnerable, and may have inflammation of the cyst followed by septicæmia. This has occurred in my hands. It is a good rule never to tap an ovarian cyst if you have decided to remove it, and the patient has consented. There are certain exceptions to this rule. If the cyst were so large that it pressed on the veins, giving rise to œdema of the extremities or œdema of the lungs, it would be proper under these circumstances to precede the operation by a tapping, so as to relieve those œdematous symptoms and put the woman in a better condition to bear the operation. If you have a polycyst, it is a good rule not to aspirate, for as the large cyst is filled with many smaller ones, there are blood vessels running in every direction and there is danger of wounding a blood vessel and of having internal hemorrhage. The bleeding may come from a vessel in the wall of the abodomen. If there is internal hemorrhage, which you determine by the ordinary symptoms, the best things to do are to include the point of puncture in a ligature, or to use an acupuncture needle, or to put in a hair-lip pin and throw around it a figure-of-eight ligature.

As I say, my rule is not to aspirate an ovarian cyst unless the patient insists upon it. A woman has a cystic degeneration of the ovary, she has heard of cases of recovery after tapping, and she insists upon having this tried. An interesting case occurred in the practice of a physician out west. A woman came to him with a large tumor which he diagnosed to be a cystic tumor, and told her that nothing would cure her but an operation. She had however heard of a notorious nostrum which cures everything under the sun, and began to take it. A day or two afterwards she met with an accident which ruptured the wall of the cyst, and she began to pass large quantities of water which she attributed to the use of the Panacea. The result was that the tumor disappeared for several months, but it soon refilled and the doctor had to remove it by operation.

I had a case two weeks ago which shows the danger of rupture of the cyst. A lady was brought to me by her husband and physician. From her appearance, I judged that she had a malignant tumor. She had excessive pain. She was very much emaciated and had taken opium in large doses. On examination I found two tumors in the abdomen, and my diagnosis was that both ovaries had undergone cystic degeneration. She had not been so far from home for a long time. The following day she was seized with violent pain, and when her physician came, he found her in a very alarming condition. She went from bad to worse, developed high inflammatory symptoms and died in a few days. Her physician wrote to me asking the cause of this inflammation. It was clearly due to a rupture of one cyst and the irritating fluid getting into the cavity of the abdomen, produced a rapid peritonitis to which the patient succumbed. If a broad ligament bursts, there is not the same danger, for the fluid is more bland.

The fluid that is here escaping has not the appearance of that from a broad ligament cyst. In my experience such cysts contain a limpid, pearly colored fluid, sometimes having a greenish tinge. From the appearance of this fluid I should say that it came from an ovarian cyst, but before submitting her to an operation, for which she is prepared, it is my duty to have this fluid carefully examined. There is now some resonance over the stomach. You may ask "why can you not feel the cyst wall?" This cyst, as far as I can discover, is unilocular, and is so thin and collapsed that I cannot feel its wall.

I shall apply a strip of adhesive plaster over the puncture and keep her in bed for forty-eight hours. In cases of abdominal dropsy, I sometimes put on a binder, but as a rule I do not after tapping an ovarian cyst. If the abdomen is very flaccid and the woman feels more comfortable with the binder, I use it.

VESICO-VAGINAL FISTULA.

The next case is a very distressing one of a woman who, as the result of a several days labor, had a very bad vesico-vaginal fistula. She was attended by two good physicians. I have told you one thing over and over again, and I want to reiterate it. I say that there is a tendency in this age to use the forceps too frequently, and the results are laceration of the perineum and laceration of the neck of the womb. These two lesions are very frequently, although not always caused by the use of the forceps. When I come across a very bad tear of the perineum, I am very sure to find that it has been a forceps case. I say that when you graduate, you will not be skilful enough to deliver a woman safely all the way through with the forceps. You will turn the head out too quickly. I myself do not feel warranted in delivering a primipara all the way through with the forceps, unless it is absolutely called for. My rule is to bring the head down to the perineum, cause it to bulge, then take the forceps off, and allow nature to finish.

There are certain cases in which it is proper to put on the forceps, and that is where the head after it is engaged in the superior strait, does not descend. Under such circumstances, I should advise you as young men, to call in a brother physician to assist you, but when you live in the country, four or five miles from any other physician, you cannot do that. The country is a splendid school. It developes pluck and courage.

I have forgotten her history, so I shall ask a few questions. She says that this occurred nine years ago with her first child. She was three days and two nights in labor. That, however, does not mean anything. She might be in labor a week if the membranes were unbroken, without receiving any harm. She does not know whether the water had come away or not, for she had convulsions. The head was impacted and the physicians had a great deal of trouble in delivering her with instruments. The child was dead. I do not know whether or not crainotomy was performed. The result was a great deal of sloughing and the formation of a vesico-vaginal fistula of large size. It had been operated on by a good physician but with poor results.

She came to me March 1st. The opening was then large enough to admit three fingers. There is one thing about these fistulæ which I do not think has been described, a frequent absence of menstruation. She had, in addition to the sloughing of the vagina, a tear of the perineum, and as a result there was found a very sensitive cicatrix. The trouble in operating was that we could not get her under ether. Although she would be snoring, yet as soon as the speculum pressed upon the cicatrix, she would straighten herself out. I have noticed this repeatedly in laceration of the perineum with some sloughing. I managed to close up the fistula, but I had to take out one stitch in order to pass a catheter. A week ago last Sunday, I operated to close the small opening, and I shall now remove the stitches. You see that she is quite fat, and I find that the worst cases of laceration occur in stout women.

I have removed the sutures and it looks as though it were a cure, but we shall have to wait a day or so to decide that. She will now be taken to her ward. The secret of success in operating on vesico-vaginal fistula is to denude the parts and coapt them well.

The forceps should, I think, have been applied earlier in this case, but it is often very difficult to decide when to apply them. I once had a vesico-vaginal fistula occur in one of my own patients and I feel charitably towards other physicians who meet with the accident. In my case, I applied the forceps early, and with immense difficulty delivered a living child, but a few days afterwards there occurred a fistula. It was due to a projecting promontory pressing the head against the symphisis and in this way squeezing the bladder. I felt very much humiliated when I found this fistula. This took place ten years ago, but as I look back I feel perfectly satisfied with what I did. I waited a short time but as the head did not descend, I put on the forceps. When I found an opening had formed, I put in a self-retaining catheter and made one application of nitric acid around the surface and every other day an application of nitrate of silver. The result was that the parts united perfectly.—*Med. Review.*

EMPYEMA COMMUNICATING WITH THE LUNG.

CLINIC BY I. BURNEY YEO, M.D., F.R.C.P., LONDON.

The case to which I wish to call your attention to-day you will do well to study attentively, for it presents an example of one of the greatest triumphs of antiseptic treatment which you can witness.

A———, a ship's captain, forty-one years of age, had been attacked about eight months previously with pneumonia of the left lung, and had never been well since. He had been suffering from cough, emaciation, and severe night sweats, the latter having ceased during the last twelve days. For the past five months he had, at intervals of about ten days, expectorated half a pint or more of fluid at a time, which was said to be muco-purulent. He is thin, and his muscles feel flabby; his countenance has rather a puffy look, and he has a hectic flush. He has some pain on the left side on breathing and a dragging feeling when he lifts his left arm. He cannot lie on the right side. He has a frequent short cough, with greenish muco-purulent expectoration ("slightly fetid"). It was examined microscopically by Dr. Gibbes, but was found free from putrefactive organisms. Pulse 100; respiration 24; tongue clean; appetite fairly good; skin moist. The circumference of both sides of the chest was found equal (18 in. below the nipple, 14½ in. at the base of the xiphoid cartilage). On the left side the inspiratory expansion is greatly diminished. There is dulness on percussion over the whole of the left side of the chest, absolute below the seventh rib upwards. An exception to the general want of resonance is, however, found over an area in front, limited externally by a line drawn from the middle of the clavicle to the fourth rib; here there is hyper-resonance, which seems to cross the sternum and become continuous with the resonance of the right lung; breathing here is loud and somewhat blowing, the vocal fremitus is increased, and there are a few scattered rales heard occasionally. Over the area of absolute dulness there is entire absence of vocal fremitus and of respiratory sounds; above the seventh rib indistinct vocal fremitus can be detected and feeble distant breath sounds. There is no œdema of the chest wall nor any bulging of the chest or of the intercostal spaces, except at one spot in front between the fourth and fifth ribs, where there is a distinctly localised swelling of an area of about two and a half inches by an inch, a little external to the nipple, and projecting about half an inch above the surface; it is tender to the touch, becomes tense on coughing, and an impulse synchronous with the cardiac pulsations is communicated to it. Auscultation over it reveals normal but distant heart sounds and an occasional creak. The heart's impulse is felt (displaced) in the epigastrium and to the right of the lower half of the sternum; sounds normal. Nothing abnormal to be detected on examination of the right lung. After the examination we concluded that the case was one of purulent effusion in the left pleural cavity, which had effected a communication with the lung, and that periodically, when the tension within the pleural cavity became sufficiently great, a certain quantity of the purulent fluid in the pleura was expelled through the bronchial passages. The swelling in the front of the chest also indicated that the fluid had weakened or perforated a spot between the third and fourth ribs. It would seem as though this fluid, under tension within the pleural cavity, had attempted to discharge itself in two directions, and had found least difficulty on the side of the lung. It is also most likely that adhesions more or less extensive between the surface of the lung and the wall of the chest prevented further compression of the lung, so that the fluid pressure was brought to bear on a portion of comparatively uncompressed lung. It would seem also that the opening into the lung must be a valvular one, opening towards the air passages, and not towards the pleura, for there was no sign whatever of the entrance of air into the pleural cavity. We must also bear in mind that the pressure of the fluid on the surface of the lung would tend to keep the air from escaping from any small opening that had accidentally been made. This was our diagnosis, but resolved to wait until the periodical return of the profuse discharge from the air-passages had again occurred, so that we might observe its amount and character for ourselves. We were the more bound to do this, as the case had come to us with the suggestion that the fluid expectorated might possibly come from a dilated bronchus. We waited fourteen days, during which time our patient presented the symptoms of a mild form of hectic fever, the temperature fluctuating somewhat freely between 99·6° and 103·2°, the pulse ranging between 100 and 120, and the respiration between 24 and 44. On the fourteenth day after his admission he had an attack of profuse expectoration, and in twenty-four hours he brought up twenty ounces of muco-purulent fluid, quite free from fetor and from putrefactive organisms. The dulness and other physical signs remained precisely the same. This discharge was followed by a marked abatement of the fever, the temperature for the next six days scarcely rising above 100°. On the 22nd I introduced the needle of a hypodermic syringe into the pleural cavity, just below the angle of the left scapula, and withdrew twenty minims of perfectly sweet pus, which was examined by Dr. Gibbes, who reported that he found pus and fat cells, a little fibrin, and no septic bacteria. It was now absolutely certain that our diagnosis was correct, and that the contents of the pleural cavity were quite free from any putrefactive change.

We were now in a position to decide what was the best line of treatment to be pursued. It was urgent that something should be done, for the patient was rapidly wasting and being consumed with this hectic fever, and there was also the obvious risk of lardaceous degeneration of organs. It was not a case of aspirating, for in the process of aspiration we ran very considerable risk of sucking air through the lung into the pleural cavity, and so converting a pyothorax into a pneumo-pyothorax. I therefore appealed to Sir Joseph Lister for his counsel and co-operation, which he kindly undertook. The result is one of the most striking triumphs of antiseptic surgery I have ever had the opportunity of seeing. On the 24th the patient was taken into the operating theatre and put under chloroform, and under the spray a crucial incision was made over the seventh left rib in about the mid-axillary line, the periosteum was separated and turned aside with the intercostal vessels, and about two inches of the rib were removed. One of the largest-sized drainage-tubes was then introduced, and sixty ounces of pus were immediately evacuated. No attempt, however, was made to completely evacuate the pleural cavity; on the contrary, the chest was rapidly enveloped in eucalyptus gauze, and the patient removed to bed. The day after the operation the temperature was 98°, and remained at or a little below normal from that time forward. The relief to all the symptoms was complete and immediate. His side felt easier, he slept well, and his cough was less. The urine was dark from carbolic acid. In the evening after the operation the wound was dressed, and, as a considerable quantity of pus had been allowed to remain in the pleural cavity, it discharged freely. The day after the operation air could at times be heard passing in and out of the wound. It was dressed, and the discharge was chiefly serous. On the 26th he had slept well; only coughed once during the night.—28th: Air whistles through drainage-tube on coughing. Cough silent, with very little expectoration. In less than six weeks from the date of operation all antiseptic dressings were discontinued, and the opening in the chest was quite closed. He left the hospital, and in every respect perfectly well.

Remarks.—This case is one which has shown in a remarkable manner the advantages of dealing with purulent effusions into the pleural cavity by free incision, under strict antiseptic precautions and free drainage. It shows also that the existence of a communication with the air-passages, such as we had evidence of in this case, presents no bar to rapid recovery after such a procedure, and it also shows that the existence of such an opening does not necessarily lead to decomposition of the purulent contents of the pleural cavity. I have said that in this case the opening was probably valvular towards the lung, and only pushed open when the tension in the pleura reached a certain degree. But Sir Joseph Lister believes, and has told you, that the presence of the ciliated epithelium along the bronchial passages tends to keep septic particles which may be in the air from reaching the periphery of the lung, and that even though a little air may have escaped into the pleural cavity it would do no harm. Certainly in this case the pus was perfectly sweet and free from organisms, and there was never any auscultatory evidence of air in the pleura. The rapidity and completeness of the recovery in this case were most astonishing to those of us who saw the case, and to the patient himself He had been laid up for eight months, and when he was admitted into the hospital, and until the date of the operation, he was wasting rapidly from hectic fever; he had lost nearly 5 st. in weight. His temperature fell immediately after the operation, and never rose above normal for the remainder of his stay in hospital. He was able to get up ten days after the operation, and a fortnight after he was walking about the ward to all appearance perfectly well. Within six weeks of the operation he was able to leave the hospital quite recovered and without dressings of any kind.—*Lancet.*

CANCER—FIBROID—PROLAPSED OVARY ANTEFLEXION.

CLINIC BY PROF. T. G. THOMAS.

Our first patient to-day is Mrs. Eliza C—, a native of the United States. She has been married thirty-five years, and I will ask her to tell us in her own words what she is suffering from. She says she has back-ache and the whites; upon questioning her I get the statement that the discharge is water, and to the amount of about a pint and a half in twenty-four hours. These are the only symptoms which she considers important enough to present to us. She has been under the care of several physicians only one of whom has examined her by the vagina. I do no get these points for the purpose of criticising the physicans, but that I may impress upon you the great value of always suggesting a vaginal examination of every patient presenting herself to you with symptoms that lead you to suspect the uterus. Have we anything in the symptoms which this patient presents us tending to criminate the uterus? Doubtless many of you are thinking of the profuse watery discharge and let me earnestly urge you never to prescribe for a woman who speaks of having a watery discharge, until you have examined her, for this is one of the rarest forms of discharges which you will meet with. Bloody or mucous discharges are comparatively common, but when you meet with a vaginal discharge which is profuse and watery, always remember that this is a symptom of malignant disease. I call to mind the case of a lady who was referred to me by several physicians from a distance, gentlemen whom I know to be intelligent and competent. This lady had been under treatment for a year and a half, but as the only symptom of which she complained was hydrorrhœa, none of these gentleman had made a vaginal examination. Upon examining her I found the cervix entirely gone, and only the fundus and outer wall of the uterus left to shew the results of epithelioma. Now imagine how one of you would feel if you had been treating this lady a year and a half, without having examined her, and then some rival practitioner should be called in and make an examination; but to return to our patient of to-day. When I examined her in the ante-room I found the vagina midway between the cervix uteri and the ostium vagina constricted by a firm, velvety feeling ring of tissue, which is brittle under my finger, easily breaking down. This is malignant tissue and is the cause of the serous discharge by obstructing the blood vessels.

Now we are in the light as far as diagnosis is concerned, but as regard prognosis and treatment we cannot say as much. I have allowed the patient to pass from the room, in order that she may not hear her case discussed. The prognosis in this case is bad. The treatment in her case will be only palliative. The pain in her back will become more severe, and will require opium for its relief. But we cannot cure her; I would not consider an operation advisable. She suspects the nature of her disease, and to reassure her I have told her that she has a disease resembling cancer and called epithelioma.

Our next patient is Mrs. Kate H—, a native of Ireland, She has been married two years, has had two abortions, each at about the third month of utero-gestation. She says she has not been well at all since her last abortion which occurred about seven months ago, has a heavy feeling in the pelvis, soreness extending from the back around and down the thighs, suffers from nausea at times. She suffers menorrhagia and dysmenorrhœa at every menstruation. When I examined her I found the cervix hard and smooth, giving me no evidence of disease, then keeping my fingers against the cervix as I do now against the cervix of the manikin, I placed my other hand over the patient's abdomen in this way, and making pressure downward immediately a flood of light was thrown upon the case, for now I had the uterus between my two hands and was able to make out its position and shape pretty accurately. The uterus is firm and symmetrical, but much larger than the normal non-pregnant uterus. Now what is this condition due to? Is it pregnancy? Judging from the history I did not believe this was the case, for these symptoms have continued constantly since the uterus last evacuated its contents, and there are no other signs of pregnancy. I passed in the uterine sound and found the depth of the cavity to be about five inches. To be brief I have no doubt but that we have here a case of fibrous tumor of the uterus. Can I be absolutely sure of this? No. When you meet a doctor who professes never to err in diagnosis, you may set him down as either a knave or a fool, for he either deceives himself or tries to deceive you. If you will question any of our best diagnosticians you will hear them say that the best they can do is to constantly try to improve. Now in this case what is your prognosis. This tumor has probably existed since before her marriage. This heavy uterus causes her back-ache by dragging on the utero-sacral ligaments and this is a very common cause of back-ache among women, for these ligaments are very sensitive even in health.

This tumor became permanent in her uterus and the uterus refuses to carry a developing fœtus beyond the third month. If this tumor were subserous or interstitial we would not get much hæmorrhage directly from the tumor itself, but we might from the fungoid growths, which the presence of the tumor might excite in the endometrium. If it is an intra-uterine fibroid I would dilate the cervix with sea tangle tents and remove the tumor. I say *sea tangle* tents for I have become disgusted with one tent after another and this seems the least objectionable of any that I have ever used. I prefer the use of several long and slender ones at the same time, introducing them *under* a solution of bichloride of mercury (1-1000) with which the upper part of the vagina is filled, the patient lying in such a position that the os uteri is entirely submerged.

Let me tell you, gentlemen, that when you undertake to dilate the cervix uteri and remove a growth larger than a hen's egg, you are undertaking an operation before which an ordinary ovariotomy sinks into insignificance, for you are working entirely in the dark, may easily perforate the fundus and have no means of knowing whether the growth is all removed or not. Some of you saw me remove an ovarian tumor, yesterday, which weighed forty pounds, but I consider that a more trivial operation than removing an intra-uterine tumor the size of my fist. Don't forget that I am not giving you a didactic lecture upon fibroid tumors of the uterus, but a clinical lecture upon the case now before us. To-morrow some of you will see me remove both ovaries from a woman for the cure of a fibroid tumor and so is that, but they are as entirely different as possible. I frequently see statements attributed to me which I have been spending years in trying to controvert, so if any of you are taking notes for publication let me see your notes before you have them printed, for often the changing of a punctuation or a letter may alter the whole meaning of a sentence. As an illustration allow me to relate a little incident occurring in the practice of my friend Dr. B., who was summoned to attend a young lady student at a boarding school in this city.

Being requested to inform her father by telegraph of her condition he wrote the following message: "Your daughter is all right, she has had a chill," but the operator converted the "l" into a "d" which message brought the irate father to the city on the next train. By just as simple an error, a lecturer is sometimes unintentionally misquoted.

Our next patient, gentlemen, is Mrs. Dora L—, a native of the United States. She has been married for two years, and has had one child, which was born nine months ago. She nurses it, but has been sick for the past six months; she says she has back-ache and constant "bearing down," which she defines as "feeling as though her insides needed pushing up." She has pain in the left side and occasional attacks of giddiness. She has menstruated once since her baby was born. Upon examining her, I find lying down behind the uterus in Douglas's *cul de sac*, the cause of the trouble, an egg-like tumor, about the size of this one which I attach to the mannikin; this is freely movable, and I can easily practice ballottement upon it as I would upon a three months's fœtus. When I grasp it the patient is restless and says that is where her trouble lies. This, then, is a prolapsed ovary, probably the left, and I believe it to be in a cystic degeneration. What is the treatment for a cystic ovary? Operative or palliative according to the case. A few years ago I introduced an operation for the removal of the ovary through a vaginal incision, but I have abandoned the operation now in favor of the abdominal incision. You may think the other would be the simpler operation, but it has not been followed by as good results, either at my hands, or those of others. However, I would not advise an operation in this case, but would employ cannabis indica internally, and locally the action of the galvanic current passed through the ovary. I will try and get this woman into my service at the Woman's Hospital, and see you again in one month, to report her condition.

Our next patient is Miss Addie W—, æt 36 a native of the United States, says she has been sick seven years, but upon questioning her, I elicit the statement that she has always suffered at her monthly periods, with the exception of the first two or three menstruations, which began when she was fourteen years of age. The pain begins several days before the flow of blood appears, and continues throughout her menstruation, fading gradually so that she is free from pain only a short time before her next attack begins; she never passes any clots. You read so much in the medical journals about dysmenorrhœa, that you are liable to be greatly confused concerning it, but please remember that it is only a symptom and when you have found and removed the cause the dysmenorrhœa will disappear. Before I examined this patient, I said to myself that I should find a small uterus sharply ante-flexed, and I so found it. How was I able to judge of this case. Well, because I have seen so many cases exactly like it; the endometrium is as sensitive as a carious tooth. The first thing this patient asks is, can you cure me? I answer her that, without an operation, I cannot cure her, and that with one, I may. I will try to get her into the Woman's Hospital, and will have her come again to this clinic. The operation would consist in straightening the uterus, and then with a narrow bistoury introduced beyond the constriction, I would make four incisions, each about an eighth of of an inch in depth, one in front, one in the back, and one on each side, then I would introduce into the cavity a glass stem solid, with a round upper end, curved as a normal uterine canal, and short enough so that it should not press against the fundus. The lower end of the stem is a knob and rests in a cup pessary. This appa atus should be worn for about six months, it does not interfere with menstruation, and causes little irritation. If it is removed at the end of this time the uterus will often retain its proper place, but sometimes there is a tendency for it to resume its old position after two or three years; in these cases we may do the operation over again for if done with antiseptic precautions, it is far from a serious operation, and three or even two years' immunity from pain is worth the trouble.—*Detroit Lancet.*

RECENT METHODS OF TREATING COLD ABSCESSES.

Professor Billroth, of Vienna, writing on the above subject (*Medical Press and Circular*, January 16, 1884); says:—When we turn our thoughts to a cold abscess we must first of all place before ourselves the questions, Why is not the contained fluid absorbed? and why are we compelled either to await its opening or open it ourselves?

Exudations that arise in the course of acute inflammations, or transitory disturbances of circulation, are indeed usually absorbed; if the general condition of the body is in other ways normal, the absorption of the fluid is the ordinary process. If you have a clear conception of the arrangement of the lymphatic vascular system you will comprehend this, for the lymphatic vascular system sucks up all these exudation products like a sponge, and carries them all back into the blood channels. Under what conditions, then, does this resorption fail to take place? (1.) You may say first that absence of open lymph vessels is a very important cause, and that is just the case with the capsule that in the course of time forms around these abscesses. The walls of the veins can, it is true, take up some of the fluid, but it is the open lymph vessels that are most concerned in such absorption. But even when such open lymph courses are present, that may become closed under certain circumstances, as by an exudation that becomes clotted, in which fibrine forms quickly, and in which the clotting may be continued into the lymph vessels, or into the interstitial structural interspaces. This is the case to a great extent in croupous and diphtheritic exudations. (2.) The resorption is dependent on the degree of concentration of the fluid. If the fluid is to be resorbed, its concentration must be less than that of the blood. That is not the case in cold abscesses. Moreover the various regions of the body show great differences in their power of resorption ; the pelvis is the most favorable for resorption ; the most unfavorable is the pleural cavity. How can we overcome these difficulties therapeutically ? (1.) The first method would be the removal of the fluid ; but experience teaches that the fluid may be removed for the moment, but that the exudative property of the structure does not cease ; on the contrary, the cavity refills with uncommon rapidity with pus, this refilling being principally caused by the fact that by the removal of the fluid the vessels in the abscess walls are subjected to a greatly reduced pressure. (2.) Is it possible by certain irritating agents to excite a greater vascularity in the walls of the abscess ? With this object in view tincture of iodine has been injected, for the purpose of exciting an inflammation, whereby an exudation is certainly set up, but which, in consequence of the higher vascularity thus induced, is readily absorbed, with the result that the cavity shrinks up. (3.) This method was succeeded by the opening of the abscess under strict antiseptic precautions. Not only is the pus evacuated, but the abscess cavity is carefully scraped with the sharp spoon, after which an antiseptic dressing is applied. In this way the walls of the abscess, which consist of a mass of soft granulations, are removed as far as the healthy tissues, whereby, by means of a light compress, healing by first intention has been achieved. Indeed by this method good results have been obtained in many cases, but it is one that requires to be carried out with great accuracy. Since the introduction of iodoform we have strewn the scraped-out cavity with iodoform in powder, and brought the edges together with the exception of the openings left for drainage. By means of iodoform, sepsis is to a great extent avoided, and under certain circumstances granulations may spring up under which healing rapidly takes place. (4.) Quite recently we have attempted another method, namely, puncture of the abscess, and subsequent injection of an emulsion of iodoform consisting of ten parts of iodoform to 100 parts of glycerine. The emulsion must be well shaken up before using, and then, according to the size of the abscess, twenty to thirty grammes are to be injected. In most of the cases in which this method has been attempted the course has been free from reaction, only moderate swelling has taken place, and but little pain has been present. This, however, would only indicate that that the treatment has done no harm ; it is also desirable that it should bring about the shrinking of the abscess, and that the fluid remaining in the cavity should be absorbed. As a matter of fact, the results in some cases were exceedingly favorable, but further experience is necessary to show whether the iodoform emulsion is still to be continued. Generally speaking, I should advise you, unless there should be some reason for it, not to open the cold abscess, but to allow it to open spontaneously, especially if you cannot watch over your patients closely. You can then calculate with certainty that the pus will escape without fever and without further reaction, whilst at the same time the entrance of air is completely avoided. In such cases the mechanical relations are extremely favorable, even wonderfully so, without our being able to give an explanation of them, for it happens, for example, that an abscess bursts into the bladder or rectum, and in such cases I have never seen urine or intestinal gases enter the abscess cavity. Under strict antiseptic precautions, and under your constant supervision, you may open the abscess, especially if you suspect with some certainty that you can easily reach the bone from which the abscess springs, or if it causes by its great expansion compression of the neighboring structures, and in consequence of this gives rise to various difficulties.

EXTRACTUM PANCREATIS IN TYPHOID FEVER.

In the *American Practitioner*, for January 1884, Dr. Frank C. Wilson, Professor of Physiology in the Hospital College of Medicine, Louisville, Ky., gives his experience of the use of the above remedy :

In typhoid fever, more than in any other disease, do the indications point clearly and emphatically to the most careful dietetic management of the case, from the beginning to the end of it. The debilitating effect of the continued fever, protracted through a period of four or six weeks and sometimes even longer, must be combated in every possible way, and yet without adding to the danger of loading the intestines with undigested food, of itself a source of evil and discomfort. Only that which is absorbed and assimilated, is of real service to the system. In the enfeebled condition of the digestive organs very little of the food taken into the stomach can or will be digested, but passes down through the intestinal tract in a constantly fermenting state, thus adding to the discomfort by the increasing flatus, and over the inflamed and ulcerated Peyer's patches, producing possibly hemorrhage, or even death, by perforation. The great danger from this source has led some eminent physicians to advocate even total abstinence from food, confining the patient strictly to water, even for three or four weeks. If, however, food can be so thoroughly digested, before being taken into the stomach, that all will be readily absorbed and assimilated, leaving no residue, the indications will be fulfilled. Milk is the article of diet usually relied upon for feeding typhoid fever patients, but even when the digestive organs are in a healthy condition it coagulates into a mass of curd as soon as it reaches the stomach. This hard mass has then to be digested and disintegrated before being absorbed. If this fails to be accomplished by reason of the small quantity or poor quality of the digestive fluids, the irritating mass passes down through the intestines, a constant source of annoyance and danger. This may all be obviated by digesting the milk with the pancreatic extract, as prepared by Fairchild Bros. & Foster, of New York. Milk so treated cannot be coagulated by even the strongest acids, its casein being transformed into peptone and in condition to be at once absorbed and assimilated. There is noticeable a slight bitterness, to which the patient soon becomes accustomed, so that it is taken readily and produces no discomfort. Even this bitter taste may be avoided by stopping the process of digestion before it is entirely completed. It has been found by experiment that the objectionable taste is only developed when the casein is entirely peptonized. It is scarcely ever necessary to carry the artificial digestion quite so far, and when stopped at any point before completion the taste is perfectly natural. If immediately placed on ice, it can be kept as long as undigested milk. The ferment of the pancreatic extract is held in a latent condition, and when taken into the intestinal canal may still further aid in the completion of the digestive process.

To avoid the possibility of the patient becoming tired of the same article of diet, day after day, its form of administration may be varied in a number of ways. As the casein is peptonized, and cannot be coagulated by even the stronger acids, the milk so prepared can be utilized in making milk punch. This can be flavored with lemon juice or any other acid desired. Thickened with gelatin, sweetened and flavored, it forms a delicious milk jelly suitable for convalescent patients and grateful to the taste.

During the past two years I have met with many instances in which the use of the pancreatic extract has yielded the most gratifying results. Not alone in typhoid fever is it useful, but in all instances where the digestion is enfeebled, or where it is interfered with by the presence of ulcerated or inflamed surfaces, the process of peptonizing the food will be found of service. In rectal alimentation its importance is manifest, the food so prepared being readily absorbed and appropriated without inconvenience or irritation. I have sustained patients with gastric ulcer entirely by nutritive enemata twelve or fourteen days. In this time the ulcer will be entirely healed, so as to allow the cautious administration of peptonized milk in gradually increasing quantity, until a full meal can be taken.

To Dr. Roberts, who first suggested the importance of peptonizing the food, and to the Fairchild Brothers, whose pancreatic extract enables us to so readily and thoroughly accomplish it, the profession owes an everlasting debt of gratitude, echoed by many patients whose lives have been saved by its use.

THE THERAPEUTIC USE OF HOT WATER TAKEN INTERNALLY.

This is the subject of a very interesting article by Dr. Ephraim Cutter in *Gaillard's Medical Journal*. The article starts out with a *resumé* of the history of this therapeutic measure. It originated in 1858 with Dr. James N. Salisbury, who undertook a series of extended experiments with a view to demonstrating the correctness of the theory on the strength of which the practice is based. Its object is to remove from the stomach the results of processes complicating digestion, but necessarily a part of it, the principal of these processes being fermentation. The results of fermentation in the stomach are acetic, butyric, hydrosulphuric, lactic and saccharic acids, and sulphide of ammonium, vegetations and yeasts. The absorption of these gives rise to a variety of constitutional disturbances, which may even result in organic trouble, the seat of this organic trouble being the lungs, the liver and the kidneys, or other organs. It is probably generally well known, that Dr. Salisbury associates the absorption of these products of fermentation very directly with the causation of phthisis pulmonalis, and it is upon the assumption of this connection of cause and effect that he bases his well-known treatment of this disease by raw meat diet and copious washings of the stomach with hot water. Dr. Cutter is an enthusiastic disciple of Dr. Salisbury, and has done probably more than Dr. Salisbury to familiarize the profession with the latter's peculiar views and practices. The article gives explicit directions for the carrying out of this hot water treatment.

1. The water must be hot—not cold or lukewarm. The reasons for this are principally that cold water depresses, and that lukewarm water excites vomiting. By hot water is meant a temperature of 110° to 150° Fahrenheit, such as is commonly liked in the use of tea and coffee.

2. As to the quantity of water: The commencing amount should not be less than half a pint, which amount must be gradually increased with the capacity of the patient, until the specific gravity of the urine stands at 1015 to 1020, the best standard of health. If on examination of the urine the specific gravity stands at 1030 more hot water

should be drunk. On the other hand, should it fall to 1010, the amount should be decreased.

3. The time for taking hot water is an hour or two before each meal and half an hour before retiring.

4. The water should not be drunk too fast. It should rather be sipped, so that the stomach may not be so rapidly distended as to make it feel uncomfortable.

5. The length of time during which this hot water treatment should be continued is six months, this time being usually required to thoroughly wash out the liver and the intestines.

6. Should it be desired to add to the palatability of the hot water it may be medicated with clover blossoms, tea, ginger, lemon juice, sage, salt, and even occasionally sulphate of magnesia. When the thirst is intense a pinch of chloride of calcium or nitrate of potash may be added.

7. The amount of liquid to be drunk at a meal should not exceed eight ounces. This amount should not be exceeded, in order that the gastric juice may not be unduly diluted, or that the contents of the stomach may not be prematurely washed out.

It is claimed that under this treatment the fæces become black, the discoloration being due to the washing of the bile down its normal channel. While this blackness may last for more than six months the fœtid odor of ordinary fæces is abated and the smell approximates that of the fæces of healthy sucking infants. The urine becomes as clear as champagne, free from deposit on cooling and free from odor. The various secreting organs are said to improve as to their functions and a general feeling of well-being takes possession of the hitherto overladen and consequently inactive body.

The following is a summary of the general conclusions on the therapeutical drinking of hot water as given by Dr. Cutter. He claims it to be the foundation for all treatment of chronic diseases. It excites downward peristalsis. It relieves spasm or colic of the bowels by applying the relaxing influence of heat inside the ailmentary canal, just as heat applied outside the abdomen relieves. It dilutes the ropy secretions of the whole body and renders them less adhesive, sticky and tenacious. It is an inside bath. It dissolves the abnormal crystallized substances that may be in the blood and urine. It washes down the bile, mucus, yeast and waste, and thus leaves the stomach fresh and clean for the function of digestion. It promotes elimination everywhere.

It is necessary in conducting this treatment that the stomach should be rid of the hot water before meals, and this for reasons which are too obvious to require mention.

While we think it possible that Dr. Cutter has attached undue value to this means of cure, we cannot dispute the fact that the number of cases to which it is applicable is great. We should think it peculiarly applicable in the case of those who habitually gorge themselves, and whose systems are always overloaded with matter which the emunctory organs, constantly overtaxed, are unable to eliminate from the system. The thorough washing out which copious draughts of hot water would favor must be very beneficial in cases of this kind. *Therapeutic Gazette.*

MEDICAL EDUCATION IN CANADA.

The *N. Y. Med. Record* March 8, 1884, has the following in regard to Medical Education in Canada:

The medical schools in the Dominion of Canada compare favorably with those in other countries. The cities are smaller, and in this respect may not afford as good a field for practical teaching as is to be found in the larger centres; yet their material, as far as it goes, is very thoroughly used. It does not follow that because a city is large the advantages in practical work must be greater than in a smaller one.

There is now, and for some time past, a distinct tendency toward the practical in medical teaching. While didactic lectures are still given, and perhaps with greater care and zeal than ever, there is added that other great factor in medical education—observation. The various schools vie with each other in the efficiency of the practical department of the work. Anatomy is being taught very much by constant demonstrations, the microscope is placed in the hands of every student, and the test-tube is as familiar as the scalpel. This change has been brought about mainly by the changes in the course of study and the mode of examinations. The qualifying bodies now require that a fair percentage of the lectures must be practical. Whenever the dissected subject was used to examine candidates upon in the various years, students found it to their best interest to spend much of their time in the dissecting-room; and, instead of avoiding this part of the work, there was a run for material and practical teaching.

When the bedside test of the student was inserted as part of the examination, clinics became a great necessity; and more of the school men began giving this department a larger share of their time and attention. No matter how anxious the teachers may be to impart instruction, or students to acquire it, the plan of Canadian hospitals can hardly be regarded as ideal in this respect. The advances which have been made in medical education necessitate better and more efficiently equipped schools; but there is not so much hope for larger and better arranged hospitals. These latter are intended for the sick, and so long as they meet public wants in this respect, no great change need be looked for. The material at the command of nearly all the medical schools is quite up to their requirements, and is very thoroughly used, notwithstanding many obstacles.

The entrance examination, fixed by the different licensing, or degree-granting bodies, is fairly high. It compares well with that found in Great Britain. This part of the course is very compulsory; for none can enter upon their studies and obtain a qualification in medicine without it. This preliminary examination being over, the course consists in four winter sessions. The examinations differ in different universities and licensing bodies. In some the work is divided into a primary and final group of studies, while in others there is an annual examination at the close of each session.

From a somewhat extended acquaintanceship with the state of medical education in the United States and in Great Britain, we cannot but think that Canada compares very favorably with both. It must be admitted that such old and large centres as Edinburgh, London, New York and Philadelphia would have advantages peculiarly their own. Yet when we look at the advantages and disadvantages to medical education in Canada, at the careful manner in which both theoretical and practical teaching is given, at the high standard fixed by the different curricula, it must be admitted that these schools are turning out a very efficient class of practitioners.

If there be any serious error in the Canadian system of medical education, it is rather one of excess than one of defect. Several of the branches of study might, perhaps, be dropped out of the course altogether; or at least less attention paid to them. Such subjects as botany, zoology, and chemistry cannot be regarded of such prime importance as physiology and anatomy, and yet at present they receive a very great deal of attention. Pathology lately has been assuming its true position by receiving something like the attention it deserves

MODERN ABUSES IN MEDICINE.

The following extracts are given from the address of Dr. Alexander Hutchins, President of the Medical Society, State of New York (*New York Med. Journal*):

A good physician is not necessarily a learned man. Experience, sagacious observation, strong intuitive perceptions, with the minimum facility in advanced appliances, have made, and will continue to make, successful practitioners of medicine. But these are not the teachings of text-books, and are not the themes of the medical lecturer. However, it will hardly be questioned that skill in differential diagnosis is the safe basis of treatment, and varied resources in medical art leads most rapidly to the best results; and the faithful student in the profession is the one most keenly alive to the importance of both. When the pre-eminent importance of accurate diagnosis is considered, when the difficulties that environ its acquisition are appreciated, when it is understood how patient and enduring are the observations that lead up to the mastery of the nomenclature of medicine and the comprehension of the varied conditions it represents, it is humiliating to hear the most profound disorders that afflict mankind bandied about in common speech as the veriest playthings of the hour. The diphtherias that come into homes as plentifully as summer showers over the landscape and pass away as soon; the peritonitis that disturbs the quiet of the night and is dissipated with the morning dew; the pneumonia and spinal meningitis, that early recognition and prompt specifics lead in a few days to vigorous health, are all recounted with flippant unconcern, in drawing-room and social circle, on the highway, in the mart. These are not the manufacture of the people, for the terms are foreign to domestic culture. It were refined cruelty to charge upon the doctor such consummate ignorance; better far to credit him with the knavery that can command untruth to advance his interests or fortune.

On the other hand, it is asking too much of credulity to believe that the attitude of the profession is friendly to the community when the lavish gift of the doctorate puts into so many undisciplined hands the medical arts which are as potent for evil as for good. It is too much to assert that uncertainty of diagnosis runs parallel with the free use of drugs, and that confidence in specific therapeutics decreases with experience at the bedside? What inferences are deducible in this direction from the multiplying drug-stores and the rapidly enlarging business enterprise of the great manufacturing chemists? Is it supposable that the ingenious activity of pharmaceutic industry, in devising the protean forms and potencies of foods and medicine, is all on the side of the public interest? Does it appeal to the public direct, or is it profitable through the medium of the profession, who acts as agents to benefit the manufacturer at the expense of the people—the only commission being the desertion of the tried for floundering experiment with the novel? Does the percentage from the truss-man and the druggist mean anything more than the struggle of incompetency to eke out a livelihood at increased cost to the people? Is the community safer with broadcast hypodermic morphia, aconitia, and strychnia (vegetable medicines, forsooth) than with a blind surgeon exsecting a tumor from the axilla? Whence comes this malaria, that has jaundiced the speech of men, but from the track of the scapegoat making for the wilderness, burdened with the easy diagnosis of lazy incompetence? Has the clinical thermometer proved an unmixed good, when every pyrexia is the impetus to indiscriminate quinine? and who is responsible for the "one cent a grain in pill or powder" that blazon in the sunlight through colored globes in shop-windows along every thoroughfare? Has the speculum contributed to the moral sense of the community, while prurient or needless interference with most cruel vandalism is invading the sanctity of the home and making the daughters of the land wise before the time?

Humiliating and unsavory though it be, the regnant fact holds true that—coupled with that large body of men who acknowledge an ancestry of scholars and faithful students of nature, who base their art on principles which have survived criticism, who practice their art in the interest of the physical and spiritual well-being of their fellow-men, whose livelihood is a legitimate product of their worthy and acceptable service—there is another and large class, known not only to the census enumerator but to the community by the same name, with equal protection under the law, who, with insufficient culture and consciences dulled through habitual and ignorant tampering with grave responsibilities (described lately by an influential medical journal, as "hangers-on of whom any party would be ashamed"), are a standing menace to the community, which, accepting all as competitors in the race, gives to all alike its patronage and its support.

THE TREATMENT OF RHEUMATISM—TYSON.

I shall devote the few remaining minutes of the hour to the consideration of a case of rheumatism. He gives the following history. He is 37 years of age. Seven years ago he had typhoid fever, and five years ago he had rheumatism in the left shoulder, hand, and foot. The present sickness began in December, 1882. While cutting ice he became wet, and remained in his wet clothing for half an hour. The next day he was taken sick with fever. The right wrist soon became swollen. The swelling next affected the right ankle, and then the left ankle. Looking at his wrists you observe a peculiar deformity, which is due to accumulation of fluid. In other words, these joints are the seat of rheumatic synovitis. The joints of the feet are also affected. The early history of this case is typical of acute articular rheumatism. The form of exposure which preceded the development of acute symptoms is that which is peculiarly prone to develop acute articular rheumatism. I refer to exposure to cold and wet combined. The swelling and pain left one joint to appear in another. This is characteristic of rheumatism. He has never been well since this attack developed, and there is now a condition of subacute rheumatism.

When taken sick he sought no advice but that which he could gain at a drug store. He was given something to take internally, and a liniment to rub the affected joints. This is just the sort of treatment we should expect to be followed by the chronic form. It used to be said that the best cure for rheumatism was "six weeks," by which was ment that there was no remedy which was of especial service in this affection, and that under ordinary circumstances it would get well of itself in six weeks. Although this may have been true then, it is not true at the present time. There is no doubt that we have in salicylic acid and the salicylate of sodium remedies which greatly increase our power over rheumatism. We now take hold of a case of acute rheumatism with the greatest confidence. In my own experience I do not recall a single case of acute articular rheumatism coming under observation at an early period in which salicylate of sodium failed to bring about a cure. If this man had been properly treated, he probably would not have been here to-day.

My method of giving salicylate of sodium is to administer ten grains every two hours, and continue until the pain has disappeared and the swelling diminished. After the disease has yielded, it does not do to stop the treatment, but the remedy must be continued for ten days or more, ten grains being given every four hours.

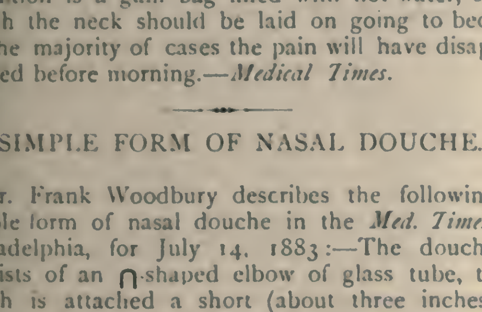
Salicylate of sodium is not the only remedy of of service in acute rheumatism, and there are certain conditions which call for a modification of the treatment. When the patient has not been in a condition of previous good health, but has been depressed by unfavorable hygienic surroundings, it is often necessary to combine iron with the salicylic acid. At times iron alone is sufficient.

After a case has passed into the subacute form, as in the present instance, how is it to be treated? Is salicylic acid of any service in this condition? It may be, although less certainly than in acute rheumatism. At the same time, I am apt to begin the treatment with salicylic acid; but the method in which I have most confidence is that by counter-irritation with fly-blisters. A blister one or two inches square should be applied over the various joints in succession, and the counter-irritation kept up for weeks. In a case like this it is not always necessary to resort to so formidable a remedy as blisters. Painting the parts with iodine will sometimes cause absorption of the fluid and the disappearance of the symptoms. The internal use of iodine and iodide of potassium is also resorted to in these cases. Iodide of potassium may be given in doses of ten grains three times a day, or Lugol's solution may be substituted and continued for a considerable length of time.

The question has probably arisen in your minds, is salicylate of sodium of service in what is called muscular rheumatism? It is not nearly so useful in this affection as in acute articular rheumatism. Although I have known it to be occasionally of service in such cases, the best treatment in my experience for muscular rheumatism is dry and moist heat, and moist heat in the majority of cases. This form of heat is obtained by the use of hot baths. I have recently used, with much satisfaction hot soda-baths, in which from half a pound to a pound of washing soda is added to an ordinary bath of hot water. This should be taken on going to bed. The use of dry heat is also of service. One of the most annoying forms of muscular rheumatism is the ordinary stiff neck. The best remedy for this condition is a gum bag filled with hot water, on which the neck should be laid on going to bed. In the majority of cases the pain will have disappeared before morning.—*Medical Times.*

A SIMPLE FORM OF NASAL DOUCHE.

Dr. Frank Woodbury describes the following simple form of nasal douche in the *Med. Times*, Philadelphia, for July 14. 1883:—The douche consists of an ∩-shaped elbow of glass tube, to which is attached a short (about three inches) piece of ordinary rubber tubing on one arm, and a long (twenty inches) piece from the other, the latter having a hollow, somewhat conical, glass nozzle, so as to occlude the nostril when pressed into it, and keep in the fluid delivered through a central opening. The short end is also tipped with a glass tube so as to hold it open and prevent collapsing. When not in use the entire apparatus is contained in a small paper box (2¼ × 1¼ × 1 inch), which may be conveniently carried in the pocket, or may be carried in a valise without breaking. In order to use the douche, a glass tumbler, or any similar receptacle, should have placed in it the required amount of warm water (100° F.), medicated as desired; the douche should be immersed in the fluid, and the long tube (tightly pinched between the fingers so as to retain its contents) is drawn out of the reservoir until the glass elbow hooks over the edge of the cup, where it is self retaining; the fluid will flow from the nozzle as long as it is depressed below the level of the receiver The flow can be interrupted by simply dropping the nozzle back into the tumbler. It fulfils perfectly the purposes of a nasal douche, where such an instrument is desired. The douche may also be used for acute affections of the ear after scarlet fever, etc.), for the eye, and generally for such purposes as an instrument of this size is adapted; among these may be mentioned the administration of milk, broth, etc., to patients unable to sit up, and too weak to drink in the ordinary way.



The advantages of this form of nasal douche are (1) its simplicity, there being no parts that can rust or get out of order; if any portion is broken it can be replaced at a trifling cost; (2) its convenience, being compact in form, occupying little space, taking but a moment to put in operation; (3) its safety, the stream being delivered without force, simply by gravity; it is almost impossible that the fluid should be forced into the middle ear; and (4) its efficacy being granted, its chief advantage is that it is the most economical douche that is in the market, its cost being insignificant. In common with every one engaged in general practice, I have found patients for whom a nasal douche might be useful for a short time, but the comparative expensiveness of the Thudichum's douche, and its danger of breakage, have often made me hesitate before ordering it. On this account I devised the simple form which I have presented to-night. Any one can make one for himself in a few minutes at a cost of about twenty-five cents. The rubber tubing costs ten cents per foot, and the glass a trifle only.

ECZEMA MARGINATUM AND RINGWORM IN GENERAL.—Dr. R. W. Taylor (*Jour. Cutaneous and Veneral Diseases*, Feb. 1884) says: I have always placed much confidence in the parasiticide virtues of bichloride of mercury in the treatment of the various forms of ringworm, and have generally used it in the alcoholic solution, being in accord with Cavafy in the opinion that, thus used, its efficacy is much enhanced. Even thus combined, its action is not always certain, particularly in cases of eczema marginatum. This fact was very forcibly brought to my mind in the treatment of the case of a young lady during the past summer. She had this affection, severely involving the integument of the hypogastric, pubic, crural, and gluteal regions. The diagnosis was confirmed by the discovery of the parasite in the scales, but the appearances of the eruption were thoroughly typical. I ordered a two-grain solution of the bichloride of mercury in one ounce of alcohol, which was used for about a week, when I increased the strength to four grains, as the progress was not satisfactory. Though the parts were carefully sopped with this solution three or four times a day, and care was taken that the under-clothes would be frequently changed, the rings of eruption advanced, in many parts being preceded by outlaying papules. The pruritus was only relieved for a limited period after each application. In this state of affairs, it occured to me that, if I could find some vehicle by which the parasiticide could be kept continually over the morbid surfaces, and not be rubbed off, I could soon effect a cure. It happened one day, when the progress of the case was thus at a stand-still, that I had on my office table a bottle of tincture of myrrh. The thought occured to me that, if the liquid was painted over the surface, a very flexible layer of gum resin would be left which would retain the bichloride of mercury in contact with the skin; I, therefore, first thoroughly bathed the parts with a four-grain-to-the-ounce alcoholic solution of the bichloride, and, when dry, painted the whole surface with the tincture of myrrh. The lady reported, the next day, that she was much better and had not scratched very much since the application. I then gave her a prescription containing four grains of the bichloride to the ounce of tincture of myrrh, with directions to thoroughly paint the parts twice daily. The effect was simply wonderful. In a few days the patches and rings became less red, the papules less salient, the pruritus was relieved, and, within a fortnight, the disease was wholly cured. I have since used the simple and compound tinctures of benzoin in the same way, and find they are equally as valuable in affording a vehicle for the parasiticide and a protective film to the integument. The discomfort of the application is an inconvenience which is more than counterbalanced by the relief of the pruritus. I have thus far used this method in three cases of eczema marginatum and two of tinea tonsurans capitis; in all with most excellent results, namely, a prompt and perfect cure. Whether the gum resins have any thereapeutic effect I am unable to say. I think that these tinctures can be still further used with benefit as a vehicle for other agents in the treatment of skin affections.

Listerism Simplified.—Sir Joseph Lister in a discussion before the Woolwich Military Medical Society said:—He had long held that of all the parts the spray was the least important. It would not break his heart if he were told that he was never to use the spray again. But that fact was not an argument against the use of antiseptic surgery by military surgeons. If the wound be washed after the operation with antiseptic solution, splendid results could be obtained without the spray. One point of simplification would be the employment of a lotion of corrosive sublimate, which had wonderful antiseptic properties, was exceedingly cheap (2*s.* per pound), and a small quantity was sufficient as an antiseptie (1 to 1000). The material called "wood-wool" was a soft and elastic material, made by tearing up pine wood, which was exceedingly cheap but very bulky, though when impregnated with corrosive sublimate it made a very efficient antiseptic dressing. He went on to say that he had lately been engaged in some experiments, and had lighted on what he believed was a new fact in chemistry—viz., that corrosive sublimate was wonderfully soluble in glycerine. It was soluble in one and a half times its weight of glycerine in the cold. This circumstance was, he believed, the key to the application of corrosive sublimate in a more compact form. Besides "wood-wool" we had rags which would be highly absorbent. If we dissolved corrosive sublimate in an equal part of glycerine in 200 parts of water, we should have a solution of the required strength. This solution could be used in place of carbolic acid where it was necessary to interfere with the wound in the first line of aid. The materials for its manufacture were extremely portable. The solution would render a sponge aseptic better than carbolic acid, for corrosive sublimate was not volatile. Catgut ligature need not be kept in carbolic oil. For the first dressing Sir Joseph thought iodoform, though by no means the most powerful antiseptic, would be the best. Iodoform did not seem to protect against erysipelas, like carbolic; it was but little soluble in water or the discharges from the wound, and had no irritating properties. Recently, Lesser of Leipzig, in the *Centralblatt für Chirurgie*, had recommended an antiseptic powder carried by the soldier in an empty cartridge; this was composed of two parts of boracic acid and one of iodoform, but Sir Joseph thought pure iodoform would be more effective. Four yards of bandage of open cotton texture impregnated with spermaceti and a layer of absorbent cotton-wool with a three-cornered handkerchief might be carried by the soldier. A small dredging box might be used instead of the cartridge box for carrying the antiseptic powder. A dressing made of these materials might be left on twenty-four or forty-eight hours, or even until healing was complete.—*Lancet.*

The use of Hydrobromic Acid.—Dr. Joseph Parish, of Burlington, N. J., writes, referring to an article by Dr. C. L. Dana, (*Journal of Nervous and Mental Diseases*), on hydrobromic acid, that he has recently used it in two cases: "In one, it relieves the insomnia in fl. ʒ j doses, taken p.m., say three doses a few hours before retiring. The other is a neurasthenic case, in which there is enlargement and hardening of the sciatic nerve and general neuralgia. In this case I have given the bromides in several forms with but little impression, except bromism. Hoping to avoid the bromism, I resorted to ten per cent. acid, with the effect of bringing out the bromism as distinctly as when she took either of the salts. In direct opposition to this case, I have a lady of forty, an epileptic, who has taken bromide of potassium, in doses of from half a drachm to a drachm and a half, three times daily, for the last fourteen years, without the slightest sign of bromism."

Dr. Squibb writes of hydrobromic acid in *Ephemeris*: "Its most common, and probably most effective use, is as an addition, either constantly or intermittently, to solutions of the bromides when these have to be taken for a long time and in full doses. In this way full bromide doses may be easily maintained, while the effect of the doses is diminished. Full doses of the acid are difficult to administer on account of its intense acidity. It is best given with sugar, or with syrup, or with the syrup of acacia, and with lemon syrup it is somewhat like lemonade. Large dilntion is always advisable. The dose of the officinal acid is 2 to 4 fluidrachms, which is equal in bromine to 17 or 34 grains of the potassium salt. An equivalent dose of the 34 per cent. acid is about 27 to 54 minims. This acid is very useful in making extemporaneous solutions of many bromides. For example, the very effective bromide of lithium may be very easily made extemporaneously by prescription, by simply saturating, or nearly saturating, the acid with lithium carbonate."—*Medical Summary, December, 1883.*

Physicians' Fees.—Quite a discussion is now in progress in London over the question of fees. It appears that even in London the medical gentlemen of long practice and established reputation do not always charge a fee in proportion to the dignity of their position. The consequence is that the junior members of the profession claim that they must either make their charges ridiculously small or do no business as the public would prefer to employ the physician of large reputation at the same price. The fault seems to lie very much there as here. Our profession does not place a sufficiently high estimate on its services. Too many reputable physicians charge ridiculously low fees. With such low fees an enormous amount of work must be done to realise a living income. With us, if a physician charge a good round fee it is difficult for him to get the support of his professional brethren in collecting it. Our profession might very well learn a lesson from our legal brethen. Compare, for example, the fees granted the physicians in President Garfield's case, and lawyers fees in the Star Route case. In each example the case was lost. In each high medical and legal talent was employed. The physicians' bills were cut down to a modicum of the fee demanded. The lawyers' bills more than double what the physicians demanded, were paid in full. The physicians all over the country united in crying out against the exorbitant medical charges. The lawyers all thought the fees demanded by their colleagues were no more than just.

If we desire to maintain the dignity of our profession we must place a fair estimate upon our professional services, and we must stop denouncing as exorbitant the fees which are charged by any other reputable practitioner.—*Cin. Lancet and Clinic.*

Management of New-born Infants.—The *Med. World* says: In the management of the new-born infant we are gradually approaching nature's methods. In the maternity department of the Woman's Hospital in Philadelphia the management of new-born babes has been as follows: As soon as the head is born the eyes are washed with an antiseptic solution. When the body is born the child is left in the bed to await the expulsion of the placenta. No effort is made to remove the placenta under half or three-quarters of an hour; before this time it is generally expelled by nature. When the placenta is expelled it is placed in a pan, and the child is wrapped up and laid away *with the placenta still attached.* The child is now left and the attention is given to the mother. After the mother is properly cared for, the child receives attention. By this time the pulsations in the cord have long since ceased. The cord is now cut and the blood is "stripped" out of the stump but neither end is ligated. The stump is not dressed, nor is any band put around the child's body. The child is neither washed nor dressed, only a diaper and a simple "slip" or gown is put on and then it is warmly wrapped up and put in a little bed to itself. After twenty-four hours it is taken to the baby's bath room (which is properly heated) and there it is washed and dressed. Dr. Tyng, the physician in charge, tells us that since this plan has been adopted the babies get along much better. We were in the wards of this department about an hour, and during this time we did not hear a single cry from the babies. They all seemed contented and happy and were doing well. We are convinced that washing the child immediately after birth and keeping it half naked for a long time during the process of careful dressing, is not good pratice.

Charcot's Joint Disease.—At a recent meeting of the Pathological Society (London *Lancet*, November 24, 1883), Dr. Hale White showed a pelvis taken from a subject which was brought into the Guy's dissecting-room last winter, and which he thought was an example of Charcot's disease. The bones were extremely thin and light, the spaces in the cancellous tissue being unusually large. This change made the bones so light that the whole plevis weighed only seven ounces. The acetabula were much altered, the walls being as thin as paper in many parts. Owing to this tenuity of the bone, the heads of the femur had pressed the bottom of the acetabula into the pelvis, thus forming two very prominent bones in its interior, and making the transverse diameter of the brim three inches and a quarter. All articular cartilage had disappeared. This deepening of the cavity made its margins so very prominent, that the anterior superior spine quite overhung the acetabulum on the right side; at the back part the deepening was so extreme that the thick portion of the bone between the acetabula and posterior surface of the ischium was almost worn through. On both sides, especially the right, it was seen that the deepened cavity was divided into two parts by a vertical ridge placed opposite the most superior part of the ischial tuberosity ; the anterior of these two parts was for the lesser trochanter to play in, as the absorption of the neck of the femur was so great that the lesser trochanter was brought up to the margin of the obturator foramen. The chief points about the specimen were the great atrophy of bone without the formation of any new bone thus corresponding exactly to Professor Charcot's description of "considerable atrophy without the production of stalactites."—*Med. Record.*

TREATMENT OF TONSILLITIS.—Dr. Seiler, (*Med. News*), says :—The treatment of tonsillitis has of late been largely ventilated in the medical journals of this country and also in those abroad, and various remedies have been praised as specifics in this painful, and often recurrent, throat affection. Thus, for instance, a correspondent of the *Medical News* treats tonsillitis by the application of bicarbonate of soda, and claims that seldom are more than three applications of the dry drug necessary to cure even severe cases. There is no doubt that a mild alkali, such as the bicarbonate of sodium, is very soothing when applied to inflamed surfaces, and it is used largely in the treatment of burns on the skin, but in my experience it has failed to be more than a soothing application, and in spite of it many cases go on to suppuration. The same is true of the application of the gum-resins so highly recommended some time ago in this affection. I have not found anything better than a strong solution of nitrate of silver, sixty to one hundred and twenty grains to the ounce, applied with a brush to the inflamed glands ; and, if the remedy is resorted too early in the disease, the symptoms almost invariably subside within a few hours. If, however, the inflammation has lasted for a day or two, the silver-solution will not abort the attack, but it will in most instances prevent suppuration. It is curious to observe with what regularity in some persons the tonsillitis recurs during the winter months, and I have seen a number of cases in which a tonsillitis occurred regularly every six weeks. In these instances it is best to remove the glands, which are always more or less hypertrophied after an attack has passed off, either with the tonsillitome or, if the gland be too small to be grasped by the annular knife of the instrument, by a few incisions with the galvano-cautery knife.

TREATMENT OF DELIRIUM TREMENS.— In delirium tremens, nourishment is insisted on as of most importance by Dr. Atkinson in the *Practitioner.* Sedatives are useless unless the anæmic brain is supplied with nourishment, lack of which causes want of sleep. The quality of the blood should be improved as rapidly as possible by easily digested food frequently supplied. Cut off all stimulants, order liquid essence of beef alternately every two hours, but with half a pint of milk. Chloral may be given every four hours, but will have no effect until the brain takes up some of the nourishment. Strong liquid food must be continued for several days. After ten or twelve hours of continuous sleep have been secured the chloral had bettter be discontinued and compound tincture of gentian, with tincture of nux vomica, given three times a day. Dupuytren employed small enemata, containing from six to ten drops of laudanum, in delirium tremens. If the first injection is rejected, a second and third may be required. If the calm is incomplete, an injection is given every six hours. The rectum absorbs and does not digest the medicine, which passes, therefore, more directly to its destination. Six drops of laudanum, in an injection, take more effect than fifteen drops given by the mouth ; large quantities of opium are often swallowed by alcholic patients without producing sleep. Besides, it is often difficult to get the subject of delirium tremens to swallow.—*Med. et Pharm. Belg.*

A NEW ANÆSTHETIC MIXTURE.—Dr. Rook, (*Jour. of Am. Med. Associations*) refers to a new anæsthetic recently prepared by Dr. Wm. A. Byrd, Quincy, Ill., it is composed by measure—of bromide of ethyl, one part ; chloroform, three parts ; alcohol, four parts. These substances mixed, form a clear solution of a pleasant odor, and of a warm, sweetish taste. In the use of this anæsthetic, the stage of excitement or intoxication is brief, sometimes absent, and never violent. The stage of spasmodic rigidity of the voluntary muscles seldom occurs. Within a few moments from the commencement of the inhalation the stage of complete anæsthesia is induced.

The time to produce complete anæsthesia, is from one to three minutes in a child, and from three to five, and possibly eight minutes in an adult. When inhaled, and especially if inhaled through the nostrils, patients will sometimes complain of a choking or suffocating feeling, and sometimes, though very seldom, coughing will be caused, but it is quickly checked by pushing the anæsthetic a little faster.

The first effect upon the eyes is to dilate the pupils, but when complete anæsthesia is induced they are more or less contracted.

The first effect upon the circulation is to quicken the pulse, but when complete anæsthesia is induced, the pulse becomes slower, fuller and stronger

The first effect upon the respiration is to stimulate it. But when insensibility is produced, it becomes slower, very much resembling the respiraion of natural sleep. The temperature is generally lowered, and occasionally, free perspiration occurs. In the administration of this anæsthetic, owing to the quantity of chloroform entering into its composition, a considerable amount of atmospheric air should be inhaled with it.

AN IMPROVEMENT IN THE METHOD OF USING THE FREEZING MICROTOME.—Mr. Sollas, in the last part of the *Quarterly Journal of Microscopical Science*, remarks that whilst the process of obtaining thin slices of soft structures by means of embedding in paraffin has been brought to great perfection, the freezing method still remains almost in its infancy. As a step in the improvement of this latter method he suggests that instead of freezing in gum, as is now generally practised, gelatine jelly should be used. This ought to be prepared and clarified in the ordinary manner, and should set in a stiff mass when cold. The tissue to be cut is transferred from water to the melted jelly, and should remain in it till well permeated. It is then placed on the piston of a Rutherford's microtome, and the "well" should not be filled; no more should be used than is sufficient to surround the specimen. When well frozen, slices may be cut in the ordinary way, and should at once be transferred to the glass slide on which they are to be mounted. A drop of glycerine must then be immediately added; a cover glass is then superposed; zinc white, or some similar cement is run round it, and the preparation is complete. In this way a series of entire slices of extreme thinness may be obtained from the most disconnected structures, even when they contain hard siliceous spicules, as in the case of sponges. Mr. Sollas states that diatoms may be cut without difficulty by this method.—*Lancet.*

DIET IN TUBERCULOSIS.—In the *Berliner Klin. Wochensch*, No. 47, Dr. A Bidder, of Berlin, concludes three articles on the relation between the alkalies of the food and the etiology of tuberculosis, by advocating a diet as free from potash salts as possible, but rich in common salt, as being a soda. He argues that the latter renders the tissues unfavorable to the development of the bacilli of tubercle, and that in young patients with tuberculous processes going on in the bones, joints, glands, lungs, etc., half a gramme of common salt should be given three or four times daily with the food, according to age. If dislike to this be shown, benzoate of soda may be substituted in doses of 02 to 05 gramme (3 to 7 grains). Indeed, the latter salt (known to be useful in the summer diarrhœa of children) is highly relished; it is aromatic in taste, and increases the appetite. Bidder thinks, moreover, that the well-known injurious influence of iodide of potassium upon tuberculosis or scrofulous processes is probably due not to the iodine, but to the potash, which is replaced by soda in the stomach. The diet should contain an excess of albumen, of fat, and of salt in the cases mentioned. The article concludes by a reference to rickets, in which a connection with tuberculosis is attempted to be proved. Rickets is here said to be due to an excess of potash salts in the food as one cause of it.—*London Medical Record.*

DANGER OF ANÆSTHETICS IN KIDNEY DISEASE.—Dr. Turnbull dwells upon the great importance of attention to the condition of the kidneys and examination of the urine when an anæsthetic is to be administered. Many deaths, unaccountable otherwise, are due to this cause. In diseases of the kidneys, the blood being loaded with urea, anæsthetics almost invariably produce coma and death. He enumerates a considerable number of deaths from ether and hydrobromic ether, but very few from chloroform. Norris has reported two cases of death supervening unexpectedly from sulphuric ether after operations for cataract. Both recovered consciousness but died comatose, one in a few hours, the other after eighteen days; no organic lesion was found post mortem except Bright's disease. Cases have also been reported by Emmet, Hunt and Montgomery, verified by post mortem examination. The kidneys are the active agents in eliminating ether from the blood, and if they are unable to perform this office, and if the skin is cold, moist and inactive, death will supervene by accumulation of mucus in the lungs, or congestion of the brain, in true Bright's disease of the kidneys.—*Med. and Surg. Rep.*

ANOTHER ADVANCE IN ABDOMINAL SURGERY.—Mr. Nelson Dobbin, of Bristol, suggests the opening of the abdomen in cases of gastric ulcer where perforation has taken place. He advises, the stomach having been exposed, and the injury discovered, it should be treated in one of the following ways: either simply to stitch the viscus to the abdominal wall and establish a fistula; or, the edges of the ulcer being pared, to unite them by sutures or simply to sponge out the peritoneal cavity and leave all to nature. Of course, during either treatment, the patients strength would be maintained by nutrient enemata. He has not yet practically tried his proposition. What led him to seriously consider the propriety of undertaking one of the steps he recommended, was a case he lately had of a young woman who, after a laborious day, was seized with pain and tenderness in the abdomen, followed by collapse and pain in the epigastrium. Death with symptoms of peritonitis took place in less than twenty-four hours. He was at the necropsy most strongly impressed by the case with which the hole in the stomach could have been reached.—*Jour. Am. Med. Association.*

AMPUTATION THROUGH JOINTS.—The dread which was formerly held of amputation at the joints has even now by no means passed away. The diastrous results which follow wounds of the joints had long ago been noticed. In consequence, many hesitated to amputate through the larger joints, fearing the occurence of like constitutional symptoms. And just here lies the error; the moment disarticulation is accomplished the joint loses its distinguishing characteristics. It is no longer a closed cavity; it is, in fact, no longer a joint, and is no longer subject to joint evils. The operation is a simple amputation, without the involvement of the medullary cavity, and without the many chances of osteo-myelitis. As to non-union of the parts dependent upon the presence of of articular and interarticular tissues, more careful investigation has shown that these structures soon pass away, usually by molecular disintegration and by separation, and that their final healing takes place, not less speedily, but probably more firmly and more safely, than in the case of an amputation in continuity.—*Med. World.*

Pott's Disease of the Spine in Very Young Children.—As a substitute for the plaster-of-Paris jacket, Professor Hal C. Wyman has devised a method of treatment which presents many commendable features. It is substantially a movable jacket, and its application is briefly as follows: The child being placed in such position that the spine is extended to nearly the normal limit, a piece of canton flannel large enough to cover, say one-third of the circumference of the trunk, is laid on the back. A sheet of absorbent cotton having been placed over this, a cheese-cloth bandage six inches wide and several yards long, with the meshes carefully filled with plaster-of-Paris, is dipped in water and folded lengthwise over the whole. When rubbed smooth with the hand so that it is perfectly adapted to the contour of the parts, a bandage is applied around the trunk, with figure-of-8 turns about the shoulders and pelvis, and the plaster allowed to set. The jacket thus constructed is in the form of a splint, and can be removed every night for the purpose of permitting massage. —*Medical Age.*

Sulphurous Acid in Malignant Scarlatina. —In malignant scarlatina Dr. Keith Macdonald uses sulphurous acid. To a child ten minims of the acid in a little glycerine and water is given every two hours, and the acid (pure or diluted) is sprayed on the fauces a few minutes at a time every three hours. Also, sulphur is burnt in the room until the atmosphere begins to be unpleasant to breathe. This treatment was used successfully in about thirty cases by Mr. Jessop. Regarding the prophylactic power of belladonna in this disease, Mr. Owen Pritchard is convinced of its value. When a case of the disease occured, he prescribed belladonna in one to three drop doses three times daily to the remaining children in the same house who had never had scarlatina. Out of 74 children so treated, only four (5.4 per cent.) took the disease; while 36.2 per cent. of those not so treated contracted the disease.—*Med. World.*

Santonine for Gleet.—Dr. William Anderson thus writes to the *Lancet:* In treating a patient some months ago for lumbrici, he said to me "You have not only killed the worms, but you have cured my gleet." I may mention that the gleet had been obstinate, of long standing, and recurrent in spite of the usual remedies. He has had no return since. In 1864 I published a paper on santonine, but although I then made some experiments showing its effects upon the urine, it never occured to me to try it in gleet or gonorrhœa. The formula I recommended is: Santonine, sacchari lactis, aa gr. v.; tere bene et ft. pulv. To be taken twice a day, fasting, in milk.—*Med. and Surg. Reporter.*

Iodide of Potassium Separately.—"I shall give this patient twenty grains of iodide of potassium three times a day, and also one-twentieth of a grain of bichloride of mercury, with one grain of extract of cinchona three times a day, in the form of a pill. As you see I do not give iodide and mercury together. I direct a simple solution of the iodide to be made and the patient to take twenty grains in four ounces of water, three times a day, before meals, so as to secure its diffusion through the system before the mercury is administered. I think that it is always an error to combine these two remedies, for in such a combination you do not, as is commonly supposed, obtain the beneficial effect of both drugs."—*Bartholow.*

Syrup of Dover's Powder.—The *Am. Jour. Pharm.* recommends the following:—

Deodorized tinct. of opium..........f. ʒ viij.
Syrup of ipecac.........................f. ʒ x.
Simple syrup..........q. s. to make f. ʒ lxxv.

Each fluid drachm contains one half grain each of opium and ipecac. The addition of potassium sulphate (discarded in the new officinal formula) would probably make the preparation no better.—*Louv. Med. News.*

The Etiology of Phthisis is expressed by a professor in Westminister Hospital College as follows (*Students' Medical Journal*):

> Some are born to phthisis,
> Some acquire phthisis, and some have
> Phthisis thrust upon them.

Prof. Bartholow says that thymol is the best agent to destroy the odor of iodoform.

Prof. Da Costa recommends chloral hydrate in three-grain doses *ter die*, for infantile incontinence of urine.

THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science Criticism and News.

Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.

AGENTS.—DAWSON BROS., Montreal; J. & A. MCMILLAN, St. John, N.B.; GEO. STREET & Co., 30 Cornhill, London, Eng.; M. H. MAHLER, 23 Rue Richer, Paris.

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The LANCET *has the largest circulation of any Medical Journal in Canada.*

PUERPERAL FEVER.

Puerperal fever has come in for its share of the close inquiry so characteristic of the times. The disease did not escape the eagle eye of Hippocrates, yet the two thousand years and more which have elapsed since his day, have not sufficed to place it beyond the arena of conflicting views and heated disputations. Abnormal puerperal conditions must always remain subjects of the deepest interest and anxiety. The death of a beloved wife and mother is a great family calamity under any circumstance, but death in the puerperal state naturally evokes an unusual amount of sympathy, and subjects the unfortunate physician to a degree of adverse criticism that is sometimes appalling. Altogether the associated circumstances are such as to make the puerperal state one of far more than ordinary interest.

Even now, with all our boasted knowledge, it is no easy matter to formulate the predominant views of the day in regard to the nature of puerperal fever. The following quotations are from a paper recently read by Dr. J. Gaillard Thomas, of New York—"In regard to the pathology of the disease, he believed that puerperal fever, in whatever form it might show itself, was puerperal septicæmia; the cause of the affection being the absorption of a poison by a solution of continuity in the genital tract." In 1871 Hervieux had said:—"Here I stand . . . I believe in the multiplicity of puerperal diseases. I believe in their origin from puerperal poison." This aphorism he accepted as expressing his own views. Puerperal septicæmia conveyed a clear and definite idea of the origin and nature of that affection. He thought that in spite of the fact that complications were of such frequent occurrence, the septic element was so paramount that the term should be adopted. Barnes had recommended the same, although he had adopted it with the proviso, that it did not indicate a distinct and specific poison. He himself however believed that there was a specific poison. In spite of every measure taken to prevent it, septic disease sometimes occurred. The poison might not be a necessarily specific one. It was probably the same as that giving rise to septicæmia after gun-shot wounds. . . . Whatever form the disease might ultimately take, whether cellulitis, phlebitis, peritonitis, or other variety of trouble, he could strike at the root by taking prompt action. . . . Although we did not know the exact nature of the poison, there could be no doubt that such poison did exist, and that there were only two methods by which it could be introduced into the system. These were, first, through the atmosphere, and, secondly, by the contact of the hands of the physician or nurse, or of clothing or bed-covering with the genital tract."

In one of the passages quoted Dr. Thomas says: "The poison might not be a necessarily specific one. It was probably the same as that giving rise to septicæmia after gun-shot wounds." How to reconcile this admission with his adoption at the outset of Hervieux's aphorism, which makes a separate and distinct poison, "puerperal poison," the cause of the disease, we leave to Dr. Thomas himself to explain. Notwithstanding this contradiction it is clear that Dr. Thomas believes that the disease may be induced by other than a distinct puerperal poison, but rejects the theory of self-inoculation by the absorption of putrid matter, denying that the disease so developed, however much it may simulate its symptoms, is true puerperal fever. In the discussion which followed the reading of Dr. Thomas' paper, Dr. W. M. Polk fully committed himself to the theory that puerperal fever is absolutely identical with surgical septicæmia and pyæmia. To what extent such views prevail it would be difficult to say; neither do we know to what extent it is believed that puerperal fever is not due to a hybrid poison but to a distinct and specific one, called puerperal poison. It is gratifying to know, however, that for all practical purposes we may effectually raise ourselves above this region of doubt and perplexity.

It is conceded on all sides that the puerperal state is liable to take on numerous troubles (simple peritonitis for example) apart from any infectious or contagious influence. It is also pretty generally conceded that such diseases do not acquire the power to propagate themselves by infection or contagion. Almost equally general is the belief in the existence of a highly infectious and contagious disease known as puerperal fever—a disease which tracks the doctor on his rounds and enters every door imprudently opened to it—a disease the germs of which, whether simple or hybrid, meet in the puerperal woman a special susceptibility, a congenial soil. It is furthermore believed to be, in some way unexplained, associated with other diseases, as surgical septicæmia, erysipelas, and scarlatina, so that the lying-in woman is peculiarly liable to puerperal fever during the prevalence of these diseases.

From these established facts it is easy to draw some important lessons in obstetric practice. Reasoning by analogy, it is quite evident that the dangers besieging the puerperal state are to a very large extent within our control, and hence preventable. To reduce these dangers to a minimum, all that is necessary to do, is to surround the puerperal woman with the safeguards now so well known to medical and sanitary science. It is unnecessary to allude here to the personal precautions which, at all times, but more especially at times of unusual danger, should be observed by the medical attendant. These are well known and more or less practised by every prudent physician. In all cases firm contraction of the uterus should be obtained, for nothing is so productive of untoward conditions as a soft, patulous uterus. In difficult, or operative labors, more or less laceration and abrasion at different points is inevitable. These are open avenues through which the system may be poisoned. These avenues must be guarded by the use of appropriate treatment, from the beginning, particularly the use of disinfectant applications and injections. To be of any use injections must be repeated several times in the twenty-four hours. The most scrupulous cleanliness should be enjoined on the nurse, both as regards the patient and her own person. Were these precautions more generally observed we should hear a good deal less about puerperal troubles. It is a most fortunate circumstance that the methods best calculated to prevent local disease are also the very best that can be adopted to ward off puerperal fever.

DOMINION HEALTH BUREAU.

A meeting of medical men and others interested in sanitary reform was recently held in Ottawa for the purpose of considering the question of establishing a Sanitary Bureau for the Dominion. Most of the professional members of the Senate and House of Commons and leading practitioners in Ottawa were present. Dr. Bergin, M.P., acted as chairman and Dr. Playter secretary. A plan was proposed by the secretary and adopted, of which the following is a brief outline. It is similar in some respects to the plan proposed by Dr. Orton, M.P., a year or two ago. A good suggestion was also made by Dr. Hickey, M.P., viz., that certain members of the Senate and House of Commons be ex-officio members of the sanitary committee. The plan is as follows:—The Sanitary Bureau shall be connected wtth the Department of Agriculture, the minister thereof being minister of Public Health, in all matters relating to public health within the jurisdiction of the Federal authority, such as vital statistics, quarantine, etc. There shall also be a deputy minister or superintendent of the Sanitary Bureau, the same to be a medical man appointed by the Government, and who shall be the chief sanitary officer. There shall be a permanent sanitary committee associated with the Sanitary Bureau, which shall consider and discuss all matters coming within the province of the bureau, and all matters pertaining to the public health of the Dominion, and which shall also confer with and advise the minister and chief sanitary officer in all such matters, and consider what legislation, provincial and federal, will best promote the public health. The Sanitary Committee shall be composed of at least one member from each of the principal Provinces, and the chairman and secretary shall be appointed by the Government; the minister and deputy or superintendent of the Sanitary Bureau shall be ex-officio members of the Sanitary Committee. The committee shall meet at certain times in the year in Ottawa for the consideration of matters relating to the public health the Dominion. The chief sanitary officer and the secretary of the Sanitary Committee shall receive a salary, but the other members of the committee only travelling expenses and a per diem honorarium while engaged on the duties of the Board. There shall be appointed by the Government in various localities throughout the Dominion a number of local sanitary officers, who shall be medical practitioners, and who with the committee and officers before above named shall constitute the sanitary staff of the Dominion. Every local sanitary officer shall send to the department at Ottawa, on the first day of every month, a report or statement of the nature or kind, extent and course, so far as can be by him obtained, of any epidemic or epidemics of infectious disease that have prevailed in his locality during the previous month, and such information concerning the general condition of the public health therein as he may be able to obtain, or as may be determined upon by the Sanitary Committee; each local sanitary officer shall be paid for each and every such report or statement the sum of $2. As the present system for the collection of mortuary statistics is enlarged from time to time, these local sanitary officers may become the statistical officers of their respective localities for making correct returns of deaths to the department On the outbreak of any epidemic of infectious disease in any locality, the local sanitary officer of such locality may, at the request of the chief sanitary officer, make investigations into the source, origin or cause of such outbreak. The department shall issue for free distribution, early in each month, a report containing a synopsis of the reports received from all the local sanitary officers, and any other sanitary information for the public that may be deemed advisable by the committee; and it shall also issue an annual report.

The probable cost of the whole system per year will be about $10,000 or $11,000, which is indeed a very moderate sum for a Dominion Health Bureau. The plan seems feasible and has much to recommend it. We trust its promoters may be successful in carrying it through.

ONTARIO HEALTH ACT.

The amendments to the "Ontario Health Act" which were introduced during the recent session of the Local Legislature have now become law. The revised act places in the hands of local or district Boards of Health the powers which have hitherto belonged to the municipalities. The local boards shall consist of the Mayor or Reeve, the Clerk, and from three to six ratepayers according to the size of the municipality, appointed annually by the municipal council; and the district boards of the mayor or reeve, the clerk and one ratepayer appointed by the council. The members of these boards are constituted Health officers with full powers, within the meaning of the "Revised Statutes respecting Public Health," in addition to those under the present act. It will be the duty of the Boards of Health, from time to time, to cause inspections to be made of their respective districts with the view to the removal of any accumulations of matter offensive and likely to have an injurious effect on the public health, to investigate all complaints regarding nuisances, and to take such action as may seem advisable. Local Boards shall have the same power and authority as Justices of the Peace to compel the attendance of witnesses, and secure evidence.

A somewhat arbitrary clause has been enacted, making it obligatory upon the council of any city, town or village, proposing to establish a public water supply, or system of sewerage, to communicate with the Provincial Board of Health on the subject, and submit their plans for its approval, as no drain or sewer can be constructed in violation of any of the principles laid down by the Provincial Board of Health. The Local and District Boards cannot but feel slighted at this usurpation of power. Surely if they are competent to deal with other and equally important duties they might also be allowed to determine the matter of water supply and sewerage in regard to which, being on the spot, they should be as competent to decide as the Provincial Board in its meetings in Toronto.

The duties of health officers, house holders and others in the case of infectious diseases are fully defined, and provision is made for the imposition and recovery of penalties liable to be incurred through infraction of the law.

KINGSTON MEDICAL COLLEGE.—The following is the list of graduates and honor men at the recent examinations:

Graduates: — R. N. Fraser, Westmeath, *Gold Medallist*; C. G. McCammon, Gananoque, *Silver*

Medallist; E. Beatty, Lansdowne; W. H. Bulles, Chatham; R. C. Cartwright, Kingston; H. R. Duff, Kingston; T. Cumberland, Rosemont; J. Ellery. Dresden; E. Forrester, Mallorytown; E. Foxton, Kingston; A. Forin, Belleville; J. Herald, Dundas; A. McGillivray, Washburn; E. E. Smith, Winona; J. E. Stirling, Kingston; W. J. Webster, Napanee; H. S. Williams, Picton.

Primary.—W. C. Beaman, H. Burdett, J. Casselman, C. Collins, W. F. Coy, M. L. Dickson, (honours), A. A. Dame, D. E. Foley, (honours), T. D. Galligan, G. J. Jack, A. Jamieson, W. M. Mather, E. J. McCardel, S. J. Mellow, A. F. McVeitty, F. B. Smith, D. A. Storms, A. N. White, E. W. Wright.

Intermediate.—T. H. Bertram, W. C. D. Clark, H. C. Cunningham, A. Dwyer, H. B. Ford, W. A. Kyle, J. A. Stirling, F. E. Hooper, H. Roy, W. Spankie,——Dawson, Corlis, and Smith.

Hospital House Surgeons.—J. E. Stirling and D. J. Russell, Cheboygan.

Demonstrators of Anatomy.—W. A. Kyle, Winchester, third year; M. L. Dickson, Frankville, second year. Prize of $25, A. Dwyer.

Digitalis in Dropsy from Heart Failure.—In the *Can. Med. and Surg. Jour.* for January, 1884, Dr. Ross reports two cases of dropsy from heart failure, which show, in an unmistakable manner, the value of digitalis in the treatment. In one of the cases the patient was relieved on three different occasions from impending danger by timely doses of tincture of digitalis, in from five to ten minim doses. In the other case, one drachm of the infusion of digitalis, combined with fifteen grains of bitartrate of potash and ten minims of spirits of chloroform, were administered with excellent results. The infusion of digitalis, freshly prepared, is preferred by many to any other form in such cases as above mentioned. An article appeared recently in the Lancet by Dr. Jas. Braithwaite, strongly recommending the infusion.

Canada Medical Association.—We have been requested by the General Secretary, Dr. Osler, to state that the President and Local Committee have decided that the meeting of the Association shall take place in Montreal on the 25th, 26th and 27th of August. The meeting of the British Association for the Advancement of Science begins on the 27th, so that members will have an opportunity of remaining over to see the leading scientific men of Great Britain. Some of the members are medical men, and they are expected to join in the proceedings of the Association.

Inhalation for Catarrh, Asthma, &c.—The following formula is recommended in the *Jour. de Med.*, Paris, by M. St. Martin:

℞ Acid carbol................ 5 grammes.
Liq. amm pur. .... 6 "
Aquæ dest.................. 10 "
Alcohol....................... 15 " M.

Sig.—Saturate cotton wool with the solution, and breathe the vapor from a wide-mouthed bottle, or use the mixture in an inhaler.

Personal.—Dr. Carroll, U. S. Consul, at St. Thomas, Ont., was presented with an address and a gold-headed cane as a mark of esteem by his personal friends previous to his departure for Italy, where he has received an appointment under the U. S. Government.

Dr. Osler, of Montreal, sailed on the 25th ult. for Germany, and will be absent until the middle of August.

Iodia in Syphilis.—Dr. C. A. Bryce, *Southern Clinic*, says: "He has had the most gratifying experience with Iodia in Syphilis. He has treated many hundreds of cases with it, and regards it as the best preparation he has ever used for constitutional syphilis, after the moderate use of mercury. He generally uses it in all cases of syphilis in the final treatment.

Are you Going to Europe?—In another column will be found the announcement of Messrs. Thos. Cook & Son, Tourist Agents, 261 Broadway, New York, relative to the very complete arrangement they have made for tours in Europe the coming Spring and Summer. "Cook's Excursionist," will be mailed to any address on receipt of 10 cents.

Appointments.—James Neish, M. D., health officer at Port Royal, Jamacia, formerly of Kingston, Ont., has been appointed garrison surgeon of Port Royal, with salary of £100, in addition to the duties at the quarantine station, with a salary of £500. Dr. Douglass has been appointed Lience Inspector for the County of Bruce, and Dr. Worthington for the County of Huron.

OBITUARY. — Dr. Alexander Wood, of Edinburgh, died on the 26th of February. To him the profession is indebted for the introduction of the hypodermic injection of drugs by the hollow needle syringe.

SET AT LIBERTY.—Dr. Griffith, formerly of Fergus, who, it will be remembered was sentenced to three year's imprisonment in the Kingston Penitentiary for bigamy, has been set at liberty.

Books and Pamphlets.

TRANSACTIONS OF THE VACCINATION ENQUIRY. Part I. Edited by Montague D. Makuna, M. R.C.S., Eng.; L.R.C.P., London, etc., etc. Published by W. H. Lead, Leicester.

This is an invaluable publication, and its appearance at the present time, when so much worse than vapid nonsense has been spread amongst defectively informed communities, in both the old world and the new, must be regarded as most opportune. The committee of enquiry, under whose auspices the work has been brought out, consists in all of thirty members, twenty-two of whom are experienced medical practitioners, and eight are public vaccinators, officers of health and private gentlemen. The labour of compilation, which must have been one requiring extraordinary energy and exhaustless patience, has been performed by the editor with commendable efficiency. "Seven circular questions" were addressed to medical practitioners in England, Ireland and Scotland. The replies received from 384 are given in the publication in parallel columns, headed by the respective questions. The following are the questions submitted:—1st. What are your views regarding compulsory vaccination in England, Scotland or Ireland? 2nd. What are your views regarding the protection afforded by vaccination against small-pox? 3rd. What diseases have you, in your experience, known to be conveyed, or occasioned, or intensified by vaccination? 4th What opinion do you hold as to the quantity and quality of vaccination, as determined by the cicatrices? 5th. What opinion do you hold as to the relative values of humanised and animal lymph, both as regards efficacy and safety? 6th. What opinion do you hold regarding the relations subsisting between variola and vaccinia, and the theory of vaccination? 7th. How far do you consider insanitary conditions responsible for small-pox epidemics, and how far can small-pox be controlled by improved sanitation.?"

To introduce here illustrative specimens of the answers furnished, or even to attempt any instructive analysis of their multitudinous contents, would be an undertaking alike unsuited to our capabilities and to the space at our command. Besides, the opinions expressed by the very great majority of the 384 respondents are so perfectly concurrent with those entertained by almost the entire body of the medical profession in Canada, that their reproduction in this country would be almost a work of supererogation. On the first question, as to the advisability of compulsory vaccination, there is a large affirmative preponderance. The like may be said as to the answers to the second question, with certain very judicious conditions introduced. The replies to the third question intimate exceptional morbid results, such as are well known to observant practitioners in America, but their occurrence is so infrequent, and with due precaution so easy of avoidance, that no conclusion adverse to vaccination can be drawn from them. The fourth question has elicited various opinions, as to the number of points of vaccination, some respondents demanding as many as six, some four, perhaps a majority three, whilst a few ask for only one. To the fifth question the majority reply in favour of animal lymph, but a respectable minority regard the choice as indifferent, and a few prefer the human lymph, provided due care is taken as to the constitutional soundness of the children from whom it is taken. The sixth question, as it involves theoretical discussions, has been answered variously, according perhaps to the preconceptions of the writers, some of whom assert their belief in the indentity of vaccination and variola, whilst others insist on their specific difference, and a considerable number regard the former as a modification of the latter. To the seventh question the replies seem to have been pretty harmonious. Insanitary conditions aggravate small-pox epidemics, but *per se* they do not cause the disease; a fact which undoubtedly applies to all other contagious diseases.

It would be unjust to one of the 384 respondents, J. Mackenzie, M.D., F.R.C.P., who hails from Inverness, to pass over unnoticed his smashing replies; and as they are as short as they are pithy, we give them, in *ipsissimis verbis*: To the 1st question Dr. M. replies: "It (vaccination) ought to be speedily given up." To the 2nd; "No protection whatever, rather the contrary from injuring natural health." To the 3rd; "Eczema in an infant after vaccination, scrofula in four cases where no hereditary taint existed." The 4th, 5th, and 6th questions would seem to have been regarded by Dr. Mackenzie as too contemptible for his august consideration; and accordingly he has not condescended to notice them. His answer to the 7th would appear to indicate that he is not an unbeliever in the millenium, or that he expects to catch some larks when the sky falls. Here it is: "Will be a rare disease indeed when people live on sanitary rules." Verily, if small-pox will not die out until "people live on sanitary rules," we rather surmise that the malady will be very long-lived. Apropos of these "sanitary rules," we would very much like to know whether Dr. M.'s four subjects who, as he says, contracted scrofula from having been vaccinated, had always enjoyed the benefit of "sanitary rules." We should also desire to learn the extent of Dr. M.'s enquiries as to the absence of "hereditary taint," in the said "four cases." Enquiries of this sort, we all know, are of a delicate nature, and the replies of relatives are often very unreliable. Besides, the research is too usually performed in a very perfunctory manner. If Dr. M. is a young man we would advise him to try to learn more. If he is old, he will jog on, and rejoice in his lofty-pacing ignorance.

INFLUENCE OF THE MIND UPON THE BODY IN HEALTH AND DISEASE. By Daniel H. Tuke, M.D., F.R.C.P., LL.D., etc. Second American from the second English edition. Philadelphia: Henry C. Lea's Son & Co. Toronto: Hart & Co.

The venerated name *Tuke* should be a sufficient passport to any psychological work bearing this imprint. It is very gratifying to see that the American publishers have found this book so much sought after as to call for a second edition; but we do not wonder that it has been so much appreciated on both sides of the Atlantic, for it is not only a very instructive, but even a wonderfully amusing book, considering, especially, that the author is, o ought to be, a member of the brotherhood of the *Friends*. Everybody knows that old Burton's "Anatomy of Melancholy" is well worth many readings, for the mere sake of the abundance of it quaint mediæval Latin quotations, some of which are however less pleasing to modern ears than they were to those of our forefathers, and mothers' eke 250 years ago. Dr. Tuke's book is not so densely spiced with poetry as Burton's was, yet it contains some very fine samples from our best English poets pleasingly and fittingly interposed here and there throughout its pages. He has not altogether shunned the Latins; yet he draws on his classic treasury only just enough to satisfy the reader that he still has a fair balance at his command. Like a sensible plain Englishman, he has found in Spenser, Shakespeare and Milton, almost all that he deemed pertinently illustrative of his subjects No library should be without this book, and it may be read with both profit and pleasure by men and women, boys and girls, deacons and doctors.

HISTORY OF TUBERCULOSIS. By Dr. Arnold Spina, Translated from the German by Eric E. Sattler, M.D., Cincinnati.

This little book of 184 pages is printed in very plain type, on strong paper. It purports to be "A history of Tuberculosis, from the time of Sylvius to the present day," and it also contains "an account of the researches and discoveries of Dr. Robert Koch and other recent investigators." The characteristic bibliographic zeal of his countrymen is abundantly exemplified by Dr. Spina, in the multitudinous citations from both old and recent writers, which he has introduced. Nearly two hundred authors have been quoted, so that both the medical neophyte, who may not have become intimate with more than one or two authorities, and the long experienced savant who has been bewildered by the contrarieties of dozens, and has probably, and it may be fortunately, forgotten the whole of them, may, in this compendium, rehabilitate himself in the literature of Tuberculosis, with the least possible expenditure of time and patience.

Decidedly the most instructive portion of the book will be found in the final fifty-six pages, which are devoted to the discussion of Koch's investigations, which have been scrutinized by Spina in no very commendatory terms. Koch is, of course, quite able to maintain the integrity of his bantling germ, but he certainly has in Spina no feeble antagonist.

HEALTH RESORTS—San Remo and the Western Riviera climatically and medically considered. By Arthur Hill Hassall, M.D. Lond., M.R.C.P. Eng. London: Longmans, Green & Co.

For health seekers from our Dominion who are favored with both abundant means and leisure, no more interesting guide book to that delightful resort lying between Cannes and San Remo, a space which includes a sea frontage on the Mediterranean of fifty miles, could have been furnished. In this small area lie the world-renowned health resorts of Cannes, Nice, Monte Carlo, Mentone, Bordighera, and San Remo, sheltered by protecting hills and mountains. Behind these mountains lie the Maritime Alps, reaching an altitude of some 7,000 or 8,000 feet, beginning at Nice and extending as far as Genoa, where the Apennines commence. These resorts are triply protected, by the olive-clad hills, by the mountains next in order, and by the Maritime and Ligurian Alps, acting as ramparts against the northerly winds. The mean temperature from November to April, is 52.8; mean humidity of same winter season, 68 9. This very interesting work of Dr. Hassall is divided into five chapters:—1st. Situation, water-supply, drainage, walks, drives, amusements. 2nd. Food supplies. 3rd. Geology, prevailing winds, sun heat, duration of days of warmth. 4th. Characteristic vegetation of the Riviera. 5th. Effects of climate on functions of the body. Results of treatment of consumption and other diseases. The advantages of the Riviera for consumptives in whom the disease is at an early stage, may perhaps in some measure be stated as resembling the picture of an Atlantis so well drawn by Dr. Richardson: "It should be near the sea coast and sheltered from northerly winds, the soil should be dry, the drinking water pure, the mean temperature about 60° Fahr., with a range of not more than 10° or 15° on either side." To all on this side of the Atlantic contemplating a search after health in European resorts, we would recommend a perusal of this excellent work by Dr. Hassall.

MANUAL OF PRACTICAL HYGIENE — Parkes. By Dr. Chaumont. Second volume. New York: Wm. Wood & Co. Toronto: Williamson & Co.

In this the sixth edition of this most comprehensive and valuable work considerable additions, illustrating the advance of the science of Hygiene, have been made and a very excellent American Appendix to the volume attached. An interesting account will here be found of the various State Boards of Health that within the last twenty years have from time to time been established—at the present time twenty-nine in number; of the great work accomplished by these Boards in spreading accurate knowledge concerning the causes of disease and methods for its prevention and of the great advance that has been made in the collection of Vital Statistics; also very admirable treatises on water, soil, climatology and meteorology, ventilation and warming, removal of house waste, food adulterations, and hints to sanitary inspectors. This edition by Dr. Parkes should grace the shelves of every practitioner of medicine.

BRIGHT'S DISEASE OF THE KIDNEYS. By Henry B. Millard, M.D., M.A., with numerous illustrations. New York: W. Wood & Co.

This is another book of commendable brevity. It contains, in less than 240 large type pages, 25 chapters, illustrated by 24 attractive representations of kidney disease. The author has written as one who not only "has the courage of his opinions," but also as one who, in desirable addition, possesses the faculty of expressing them in clear language, and in a style well deserving of imitation by not a few of the fast bookmakers of this continent. Nor is he afraid to step outside the columns of stereotyped English lexicography, when necessity or fancy calls for the coining of a new word. Why should we not introduce new vocables? Surely our language has been, and should continue to be, a thing of continuous growth. It did not shrink into petrifaction in the times of Chaucer, Spencer, and Shakespeare, nor even in those of Milton, Addison and McAuley. It must obey the imperative law of evolution, despite all the fetters of the Johnsons, Websters and Worcesters in or out of christendom. We most heartily welcome Dr. Millard's contributions of such words as "causology," "lentescent," and "junctional." To ridicule them as rude innovations, would be the very acme of pedantry. More strength to his elbow say we; and we shall long to see more samples of his useful manufacturing.

PRACTICAL PATHOLOGY FOR STUDENTS AND PRACTITIONERS. By G. Sims Woodhead, M.D., F. R.C.P.E., Pathologist in the University of Edinburgh, with 136 colored plates. Philadelphia: H. C. Lea's, Son & Co. Toronto: Hart & Co.

The object of the work has been to supply a guide to the study and examination of morbid tissues, and this the author has accomplished in a most complete and satisfactory manner. The first two chapters contain full and complete instruction for preparing, staining, and mounting specimens. The following chapters are devoted to the various pathological conditions of the liver, heart, lungs, blood-vessels, kidneys, spleen, nervous system, tumors, parasites, etc., etc. The plan adopted is to follow the tissue from the body to the microscope, to describe the method of making macroscopic and microscopic investigation, to indicate the more important pathological changes of each organ, and to describe the more important lesions. The colored illustrations are most beautifully executed, and reflect the highest credit upon the artist. Upon the whole, the work is one that we can unhesitatingly recommend to the profession in Canada.

The International Encyclopædia of Surgery. By authors of various nations. Edited by John Ashhurst, jr., M.D., Philadelphia; in six volumes. Illustrated with chromo-lithographs and wood-cuts. Vol. IV.. New York: Wm. Wood & Co., 1884. Toronto: Hart & Co.

Three volumes of this admirable Encyclopædia of Surgery have already been most favorably noticed in these columns. We have only to add that this volume fully warrants the favorable opinion previously expressed. If we might make comparisons as to the character and value of each volume we would say that this is the best which has as yet appeared. The articles contained in the 4th volume are as follows:—Injuries of bones—Packard; Diseases of joints—Barwell; Excisions and resections—Ashhurst and Fenwick, (Montreal); Tumors—Bublin; Injuries of the spine—Liddell; Diseases of the spine—Treves. The article on injuries of the spine possesses the melancholy interest of being a posthumous contribution from the pen of the late Dr. Liddell, who died almost as the last proof-sheets were being corrected.

Health and Home, a journal of Sanitary Science, and Home Hygiene. Edited by F. N. Boxer, C. E., Montreal, Que. Price $2.

We have received the first number of this new monthly, which makes fair promise of future usefulness in the department of sanitary science. The object of the publication as stated by the editor is "the promotion of sanitary education in homes and schools, and the diffusion of sanitary knowledge to all classes." As such we have no doubt if properly supported, it will contribute its share in the great work of educating the masses in sanitary science and domestic hygiene. Some of the defects incident to maiden efforts of this kind are observable in its pages, but future issues will no doubt be an improvement upon the present, which, upon the whole, is very creditable.

JOHN THOMSON, M.R.C.S.E.

We regret to record in this issue the death of Dr John Thomson, of Chatham, N.B., at the ripe age of 75 years; one of our oldest physicians, and one whose career has been remarkable for its length, activity and usefulness. He was born in Perthshire, Scotland, in 1808, and came out to Miramichi with his parents in 1816. After a course of study with Dr. Key, he went to Edinburgh in 1828, and received his degree of M R.C.S.E. Returning to his home in 1833, he commenced practice at Newcastle, N. B. Soon after he was appointed surgeon to the small-pox hospital in Chatham, and was subsequently placed in charge of the quarantined crew and passengers of the ill-fated "Loostock," most of whom died of that disease in its most virulent type. Appointed to the superintendancy of the Government Marine Hospital, he held it for 53 years; also of the County Alms House in 1869, which he held until his last sickness.

He was a man of unswerving integrity, most prompt and faithful in the discharge of his many duties, honorable in his intercourse with his medical brethren, and courteous to all. For 36 years he held a leading place as elder in the St. John Presbyterian Church, where he will be greatly missed. He was beloved by his patients and revered and honored by all.

Births, Marriages and Deaths.

In Peterborough, Ont., on the 26th of February, Dr. J. F. O'Shea, to Miss Minnie Henry.

At Walkerton, on the 18th of February, the wife of Dr. M. Stalker, of a son.

At Wickham, N. B., on the 17th of February, Robt. Black, M. D., aged 81 years.

In Halifax, N. S., on the 14th ult., Dr. Edwin Clay, aged 62 years.

*_** *The charge for Notices of Births, Deaths and Marriages is Fifty Cents, which should be forwarded in postage stamps with the communication.*

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Original Communications.

CASE OF INTERSTITIAL FIBROID TUMORS OF THE UTERUS.

BY JAMES FERGUSON, M.D., CUMBERLAND, ONT.

On the 18th August, 1882, I was called to see Mrs. McD., aged 42, married 13 years; never had any family; never had been pregnant. Found her suffering severe pain and in great distress from a swelling or "hard lumps," as she called them, in her bowels. She described her pain as excruciating, preventing her from sleeping, taking away her strength and unfitting her for work. She looked the picture of anxiety and distress. I elicited the following as to her previous history. From a girl had always painful menstruation, habitually costive, and suffered much from wind in bowels, otherwise had good health; never any severe sickness, and was until a few days ago able to look after the house and dairy work of a large farm; had been a hard worker, and in harvest time would pitch grain and help generally at field-work. For two years previous had felt more or less dragging-down pains and sense of fulness in lower part of abdomen, but never experienced any great inconvenience apart from her usual dysmenorrhœa until 1st June last when she felt a hard lump just above the pelvis. This rapidly increased. In the two and one-half months which had elapsed from the time she first felt it until I saw her on 18th August, she had enlarged to the size usually attained in a case of utero-gestation at the fifth or sixth month. She had been examined by a physician who pronounced her case ovarian tumor, and advised her to go to Montreal and have it operated on. Before doing this, her husband sought my advice, and on examination I found her as before stated, careworn, and in much suffering, but not presenting the "facies ovariana" so characteristic of ovarian tumor. On passing my hand over the abdomen with slight pressure with the finger, I could easily make out at least three distinct, hard, unyielding, uneven knob-like masses, tender to touch, perfectly free from fluctuation and not moveable, but greatly distending the abdomen; no tympanitis. The abdomen though much distended was unevenly so, the bulk of the protuberance being above and to the left of the umbilicus per vaginam. I felt for the os uteri but could not find it digitally, and with my speculum succeeded no better; ordered her to remain quiet in bed, (up to this time she had been going about every day when able), and on no condition to leave it till I saw her again; gave her morphia and bromides, to relieve pain, and a good diuretic for the dysuria which was now troublesome, and left her. Returned on third day and succeeded in finding the os which was tilted back; when brought into the field of vision it looked healthy but small as a virgin's, hard, rigid and unyielding, and although I tried with patience and perseverance, I could not introduce the sound into the cavity of the uterus. Fearing that I might have a case of fibroid polypus to deal with, I did not use extra force with the sound, but as the rest and quiet with the soothing treatment, had had the desired effect in controlling pain, I left her on the same, adding, thereto a mixture of sulph. mag., bi-tart. potas, and tr. ferri to be taken every second or third morning as required. By the middle of September, under a tonic and supporting treatment, she had gained some strength. I repeated my attempt to introduce the sound, and with some trouble succeeded, when I found the uterus slightly anteverted, and elongated to the capacity of three and a-half inches, and the cavity of the womb pressed upon by hard resisting tissue on each side. I could detect no polypus or intra-uterine fibroid, and satisfied myself that the tumors were not *inside* the womb. That they were not ovarian I inferred from the hard, rigid, almost bone-like feeling, and the entire absence of any fluctuation in and the immobility of the mass—it could not be polypus as there was an almost total absence of bleeding after my prolonged use of the sound inside the womb; but the rapid growth which had taken place in two and one-half months, together with the great pain experienced, left me in doubt as to the benign or malignant character of the tumor which I now diagnosed to be in the walls of the uterus. As Mrs. McD. had suffered so much and so long from dysmenorrhœa, I continued the dilatation of the os uteri until I satisfied myself that the canal of the cervix was sufficiently enlarged to allow of the free flow of the menstrual discharge which had always been painful and prolonged, and a time by her much dreaded. I pursued the method laid down by the late Dr. Sir J. Y. Simpson, of Edinburgh, and the sequel proved the correctness of the course adopted, as she menstruated on the 18th to 20th of same month, September, 1882, and under the influence of a pill or two of henbane and belladonna, with the bromides she passed through the period with unwonted ease and comfort—still kept her quiet and in recumbent position, on general supporting treatment, never being able to suspend the bromides or morphia. She became fairly comfortable. Although I had diagnosed fibroid tumors of the walls of the uterus yet, fearing from the rapid growth of the mass and the unceasing character of the pains in the tumors, that they might be malignant, I determined on a consultation, and on the 7th of October Dr. Trenholme, of Montreal, who has made a specialty of diseases of women, saw Mrs. McD. with me. To our intense surprise we found it impossible to introduce the sound, and had to be satisfied with what knowledge we could gain without this valuable aid to diagnosis. Dr. Trenholme agreed with me that the tumors were not ovarian, but fibroid, and counselled non-interference and the expectant treatment. The relief which our patient experienced when informed that no operation would be required, was very marked. With great care, good nursing and attending to symptoms as they arose, she passed along fairly well until the middle of February, 1883, but on the 26th of that month I found her in great pain, much swollen, feverish, with severe nausea, vomiting and considerable prostration; she had not menstruated but once after I dilated the os uteri, and thought she felt something moving within her, but as she was forty-two years old, and never had been pregnant, I supposed her sensation was due to flatus, and never for a moment suspected that she was pregnant. I satisfied myself, and relieved my patient with appropriate treatment; bismuth and ingluvin were freely used to check the vomiting, and acted like a charm. On 18th March my attention having been called by my patient to the fact of her having milk in her breasts, the enlargement of the glands, the dark areola around the nipples, the general embonpoint of the woman, the suppression of the menses and her assurance that she felt something moving in her, led to a suspicion that she might be enciente, and a careful examination with the stethoscope detected the sounds of the foetal heart distinctly though feebly, to the right and just below the umbilicus—the double sounds or the "tic tacs" of the foetal heart beating one hundred and thirty while the pulse of the mother was only eighty per minute, was the conclusive and absolutely sure ground on which my diagnosis of pregnancy was made—and the intelligence of the fact, which seemed so impossible a few months before, pleased my patient wonderfully. From this time until the middle of June following, she passed most of her time in bed, fairly comfortable. Some dyspnœa, when she sat up in a chair, considerable swelling of the feet and legs, and the fact that the tumor no longer increased in size, were the only noteworthy features until the 19th June, 1883, when I was called to see her and learned that she had had regular bearing down pains from four o'clock that morning. On examination I found the os dilating and labor fully established, the pains being slow, and her strength equal to the tax upon it. I did not hasten labor further than dilating the rigid os from time to time with my fingers, and at two a.m. on the morning of the 20th of June, I delivered her of a living child, girl, feet presentation, and not one ounce of liquor amnii or blood either before or after delivery; child weighed three and a-half pounds, fully developed and at full term. On attempting to remove the placenta the cord separated from its connection therewith, came away in my hand on the slightest traction, and left the entire afterbirth in utero. That which under ordinary circumstances I would not have dared, I was obliged to do as the uterus was inert and quite unable to expel its contents; oiling my arm, I carefully introduced my hand into the womb, seized the placenta which was small but very high up above the umbilicus, and not without some difficulty removed it, at same time taking advantage of the chance, with one hand in the uterus the other on the outside of the abdomen, I ascertained the size, character and position of the tumor. The cavity of the uterus was very small, just room for my hand to turn round in; walls very hard and thick; between my hands I could feel three large, and several small lumps, one on the left side as large as an adult head, the other on the right side, and at the base of the womb, about the size of a child's head at birth, the others smaller. The entire walls of the uterus were excessively hypertrophied, and after birth of child and removal of placenta I could see no appreciable diminution in the size of the abdomen, bandaged, gave mild stimulants and watched with her until seven o'clock, and left mother and child wonderfully well. She made a very good recovery, and in one month was able to move around her house freely.

Friday, 20th March, 1884. Just nine months since her confinement, Mrs. McD. presents the appearance of good health, is strong, able to do house-work, has only an occasional pain and that trifling, and on palpating over the abdomen hardly the slightest trace can be felt—just above the brim of the pelvis—of those terribly painful and rapid growing tumors which eighteen months ago seemed so unlikely of such a cure. Mrs. McD. still nurses her child and has abundance of milk; child is very healthy, weighs fourteen pounds. She still takes the saline and ferruginous mixture which I put her on nearly two years ago.

This has been a deeply interesting case to me, and in hopes that it may not be void of interest to the profession at large, I submit it through the "LANCET," to my medical brethren for the consideration of what I believe are the chief features of importance in it, viz.:—

I. The rapid growth and intense pain of these fibroid tumors—growth being generally very slow.

II. The effect of free dilatation of the cervix uteri in the case of sterility at the age of forty-two years, followed immediately after by conception.

III. The tenacity with which the uterus retained the child during the full term of utero-gestation, while its walls were the seat of such large abdominal growths, and the cavity of the womb so much impinged upon.

IV. The gratifying result here seen of pregnancy on the diseased tissues of the uterine walls—1st, by arrest of development during utero-gestation, and 2nd, the nearly total absorption of the hypertrophy in the uterus taking place nine month's after child-birth.

TWO CASES OF LAPAROTOMY BY DR. T. GAILLARD THOMAS.

BY A. SANFORD, M.D., BURLINGTON, N. S.

CASE I.—Miss Sarah W., æt. 32, menstruation irregular, duration seven days, scanty, very painful, especially before the flow, and a constant sufferer from pain in the back and legs, and headaches.

Diagnosis.—Anteflexion—prolapsed ovaries.

Treatment.—An incision was made in the median line down to the peritoneum, which was carefully opened with scissors; the ovaries were readily found and ligatures of carbolized silk were tightly applied. The ovaries were then removed, the cavity carefully sponged out and the wound closed by interrupted wire sutures embracing the peritoneum. The operation was completed in thirteen minutes. The ovaries were found in the condition known as apoplectic or enlarged by blood cysts.

Remarks by Prof. Thomas.—Great care should be used in applying the ligatures; unless properly done hemorrhage will follow and prove fatal. When searching for the peritoneum, (which in this case was hard to find), if great care is not exercised in opening it the intestine is likely to be wounded, and would prove a terrible calamity to the patient.

CASE II.—Mrs Kattarina A, aged 37, married 15 years, no children nor miscarriages, menstruation regular, amount normal—pain before and during flow, constant pain in the abdomen, back and head. Tumors of two years' growth commencing in the left side, causing vesical irritation and pressure on rectum.

Diagnosis.—Uterine fibroid.

Treatment—Removal of ovaries—operation same as before, the Prof. explaining the method of applying and knotting the ligature to avoid hemorrhage. The carbolized silk will be absorbed and cause no trouble. When the fibroid came in view Dr. T. remarked that its removal would be a very serious affair and wholly unnecessary, as it would soon atrophy after the cessation of menstruation following the removal of the ovaries. The operation was completed in 11 minutes.

Dr. Thomas is the well-known Prof. of Gynecology in the Coll. Phys. and Surgs., N. Y., and admission to his hospital operations is by sections of his class in rotation, about ten being admitted at one time. He does not make any point as to the time spent in this operation. Each patient was assigned a cottage, isolated and containing two rooms, one for the patient and one for the nurse. Before the operation these rooms were thoroughly scoured with a disinfectant solution and the patients were briskly rubbed all over with a solution of the bichloride, 1 to 1,000. The operator and his assistants used the same solution upon the arms and hands. No other disinfectants were used during the operations. One of these patients had been taking 96 grs. of sulph. morphia per week.

Of the operations of laparotomy at the N. Y. Woman's Hospital during 1883, there were 80 per cent. of recoveries, some of the fatal cases being desperate at the time of admission.

A NEW EXPLANATION OF THE PROCESS OF INFLAMMATION.

BY PROF. J. PLAYFAIR M'MURRICH, GUELPH, ONT.

In the last number of the *Quarterly Journal of Microscopical Science* there is a translation of Dr. Elias Metschnikoff's paper "On the Mesodermic Phagocytes of certain Vertebrates," originally published in the "*Biologisches Centralblatt.*" Metschnikoff has shown elsewhere that certain amœboid cells in the tissues of the invertebrates have the power of ingesting and absorbing food particles. On experimenting with vertebrates, he found that the connective tissue cells had the same power, and that, in a batrachian larva about to metamorphose, the absorption of the tail was brought about by these cells, which he terms "phagocytes." At the beginning of the metamorphosis these amœboid connective-tissue cells collect round the muscles of the tail, and gradually devour their fibres. The fragments of muscle retain their structure for some time after ingestion, so that that process can be readily seen to take place, but gradually lose their stiration and break up into rounded strongly refracting globules.

In order to ascertain whether these "phagocytes" would absorb, and so eliminate from the system, injurious substances, Metschnikoff injected putrescent blood under the skin of a frog, so as to induce septicæmia. In a short time the white blood corpuscles (which are also included in the term "phagocytes") were seen to contain both still and motile bacteria, and these organisms were especially abundant in the "hæmophagocytes" or white blood-corpuscles of the spleen. This fact, taken together with the probability that the spleen has no very important physiological function, since animals live without much apparent discomfort after its complete excision, seems to indicate a prophylactic function for the spleen, it being merely a protector against septic bodies such as bacteria, the removal of which from the body is its function.

To apply these facts to the process of inflammation. When inflammation was induced in the tail of a newt, the first phenomenon was the collection of connective-tissue "phagocytes" round the injured cells, followed by the passage of "hæmophagocytes" or white blood-corpuscles through the walls of neighbouring capillaries, both collecting apparently for the purpose of devouring and so removing the ruptured, dead and dying cells. In fact the essence of the whole inflammatory process may be said to be a conflict between the "phagocytes" and the septic material, whether the latter be a dead or dying cell, bacteria, or other foreign body. In the invertebrates, where connective-tissue cells are abundant, the vascular system does not participate in the process—only doing so among vertebrates, where the extra-vascular "phagocytes" are not sufficiently numerous to combat the injurious structures, a call for assistance being then given to the "hæmophagocytes." The first effect of irritation is on the connective-tissue "phagocytes," the changes produced in them subsequently influencing the capillary walls, and allowing the transit of the white corpuscles.

The theory has much to recommend it, being founded on logical, *à priori* grounds, and affording simple explanations for many obscure points in connection with inflammation. For instance it affords a simple explanation for the presence of the large numbers of connective-tissue and white blood corpuscles that have been observed in induced keratitis, and also it explains how in certain epidemic fevers—famine-fever for instance—numerous spirilla, etc., can exist in the blood of as yet unaffected individuals, without causing any symptoms of the epidemic. At the same time the theory is quite compatible with all definitely ascertained pathological facts, a circumstance which alone would give it considerable weight.

Correspondence.

COUNTER PRESCRIBING

To the Editor of the CANADA LANCET.

SIR,—The following is a free translation of an article in the *Union Médicale du Canada* for February, and I hope you may not find it unworthy of a corner in your journal.

"Almost every day complaints reach us in reference to the practices of certain druggists, who without hesitation lay aside the spatula and pill-machine, and donning the bonnet of the doctor, write prescriptions, give consultations, etc., and this in the face of the well-known provisions of the Medical Act—provisions which confer on licentiates of the College of Physicians and Surgeons alone the right to practise medicine and to collect fees for their services." "The attempts of Pharmacy to encroach upon the domain of Medicine is not a thing of recent occurrence, nor are we the first or the only ones who have complained of it." "Similar abuses have for many years existed in the United States and in Europe; and in those countries as well as here great difficulty is experienced in devising a proper remedy for their prevention." "In Montreal their increase is becoming more and more serious." "One particular druggist of this city has, to our personal knowledge, a patient abundantly able to pay, actually under his care as his medical adviser, from whom he annually receives a handsome sum, not only for medical but even for surgical services."

"One of our correspondents writes to us that in his quarter there is a druggist who does not scruple to substitute mixtures of his own invention, for those ordered in the prescriptions of the physician; and who sometimes does not give full weight of the medicines ordered *(when they are expensive, I suppose)*, although never failing to make his customers pay the full price, just as if the full quantity had been dispensed."

"Another assures us that a druggist in his neighborhood practises medicine to so great an extent that he is obliged to employ a collector to look after his accounts; he draws teeth, opens abscesses, calls himself "Doctor" if you please; and Montreal does not perhaps contain a more *aristocratic gentleman" (?)*

A third correspondent informs us that the clerk of an apothecary to whom he sends his prescriptions make a specialty of treating gonorrhœa, and that all the diseases of this nature in that locality pass through his hands, and that his business never seems to suffer any diminution. "In short, if the object of druggists be to create this sort of custom, and physicians send their patients there with prescriptions, they can very soon obtain the formulæ of prescriptions for different diseases, although they may not acquire a knowledge of the different methods of treating them."

"An individual presents himself at the counter of a drug store bearing a prescription signed with the name of some popular physician; this excites the curiosity of the druggist and he puts himself upon the alert. A few days after, the same individual presents himself again and requires the prescription renewed. Inquiry is made as to the effects of the remedy, and the response is that it has acted like a charm, and that this is the remedy that has done him the greatest amount of good.

"By means of a number of adroit questions the diagnosis of the physician is ascertained and then the prescription is carefully laid by to serve in its proper time and place.

"In this manner do our druggists educate themselves at our expense in the science and practice of medicine. According to this charming system of giving prescriptions which seems to satisfy us, and by means of which a prescription once given may be filled again as often as the patient or druggist has a mind to, we have nothing to do but sit down (Micawber-like) and wait for something else to turn up.

"Later on we shall return to this subject; for the present we content ourselves with calling the attention of those whose duty it is to interest themselves in such matters to these facts.

"We prosecute to the bitter end quacks and charlatans who do not injure us, it may be, one-tenth part as much as these practising druggists do; and with reference to this matter we think that if there is a law to regulate the practice of physic and surgery, the same law ought to apply to all classes alike."

Such practices as the above are so constant and so glaring in this locality that I cannot but feel in sympathy with my French confrère. It has been no uncommon thing for me to find some prescriptions of mine doing duty for a druggist in effecting "magical" cures of coughs, gonorrhœa, rheumatism, or some other diseases the diagnoses of which are well known. A great many persons call every druggist "doctor" and calculate on doing their medical business with him, unless when they are so sick as to require the services of the physician at their own houses. Surely the law might be so enforced as to prevent this infringement on the rights of medical men, who pay dearly enough for their few privileges, by long years of study, examinations at college and before the Council, and by the weight of responsibility resting upon them, which in no way affects the standing or the income of the druggist that prescribes from behind the counter.

Yours, etc.,

THOS. R. DUPUIS.

Kingston, April 8, 1884.

Reports of Societies.

TORONTO MEDICAL SOCIETY.

Feb. 28th, 1884.

The President in the chair.

Dr. J. F. Ross read a paper upon the "Wintering of Invalids When, Where, and how to Go." After alluding to various resorts in Italy, France, &c., he said that Southern California possessed most of the requisites of an ideal health resort. Santa Barbara, on the coast of California, presented most of the conditions sought for by the unfortunates. It was situated on a southern slope towards the sea—protected on the north and east from the cold and dry winds from the adjacent desert, with a satisfactory temperature and rain chart, and all the benefits of a refined and wealthy society, and was within easy reach of other resorts, as the Ojai Valley, Los Angeles, S. Gabriel Valley, etc.

Dr. Aikins wished to know what class of cases would be benefited by a residence in high altitudes.

Dr. Nevitt said that Dr. Theo. Williams, had found those cases benefited most by high altitude whose disease was limited, the subjects of hæmorrhage, but not those subject to pyrexia. The chest measurements were generally increased and the area of dulness diminished, emphysema was usually developed, possibly by the greater respiratory exertion induced by the rarefied air.

Dr. Ross presented the stomach of Mrs. D., with the following history :—Mrs. D., æt. 66. Father died suddenly, æt. 77 ; mother died of paralysis, æt 86. Two of her sisters are dead, one æt. 7 and one at birth ; one sister and four brothers alive and well. Married young ; husband died seven months afterwards ; had one miscarriage at five months ; three years ago had typhoid fever. Until three years ago was apparently well. Twelve months ago was ill with so-called remittent fever. In July, 1883, had a severe chill, pain in bowels, diarrhœa and tympanites, vomiting, anorexia, emaciation ; skin became yellowish in colour. Never noticed any abdominal lump until lately. The tongue is red ; appetite poor ; takes beef tea and oysters without pain or discomfort ; no vomiting for several days ; some diarrhœa present, passing mucous shreds. Pulse 116 ; right foot swollen ; left foot never swelled ; respiration 36 ; no cough. The *post mortem* disclosed a cancerous enlargement of the lower and posterior portion of the stomach adherent in part to the pancreas ; the right kidney was cystic.

Dr. Cameron exhibited a placenta illustrating fatty degeneration, and giving rise to premature delivery. It was very small and presented here and there numerous patches, yellow in colour, hard and resistant to touch, and varying in size from a pea to an almond in the shell. There had been no history of syphilis. Microscopical examination showed fatty degeneration with inflammatory infiltration and organization in parts.

Dr. Macdonald exhibited a placenta. Mrs. A., æt. 22, primipara, menstruated last in September ; morning sickness was very troublesome. In December choreic symptoms set in, affecting the right upper extremity especially ; but extending to the right leg and foot. The chorea was treated with liq. arsenicalis and oxalate of cerium in two-grain doses with some relief. About four weeks ago the fœtal movements ceased to be felt, and afterwards the chorea disappeared. After a very rough drive pains set in, and there was a show, and one week after, delivery took place. Six weeks before delivery she lessened in size. The placenta was small, hardened, and degenerated in spots. There was very little tissue left to carry on the fœtal nutrition.

Dr Cameron considered the spots to be hæmorrhagic.

Dr. Carson thought the oxalate of cerium in the doses given by Dr. Macdonald would possess little power. He had been in the habit of administering it in ten grain doses.

Dr. Graham related the history of W. L., æt. 45: Hotel keeper for five years. Seven years ago he gave up hotel life and worked hard on his farm; never had ague; was very ill with measles at twenty years of age. Six years ago he had a severe illness. It began by his feeling sleepy, dull and weak. No appetite; nausea; took to his bed; jaundice set in and remained during his illness, a period of three months. He had a burning sensation in the soles of his feet. Before the jaundice set in he was very pale. He gradually recoverad strength and remained fairly well until last March. He then began to feel the same train of symptoms; sleepiness, dulness, weakness, pallor; no jaundice. He took to bed on April 25th, and remained there until the latter part of August. He was unable to retain food, much emaciated, constipation very troublesome; at one time three weeks intervened without a passage from the bowels. His temperature was at or over 102° for weeks. During the latter part of his illness, he took a fancy for buttermilk which he retained on his stomach. Recovery slowly followed. He is now for the third time experiencing a recurrence of the same set of symptoms. A diagnosis of pernicious anæmia was suggested.

Dr. Carson related a case of hæmatemesis which he had treated without styptics. Noticing that she had the pulse of high arterial tension, he had given her bromide of potassium to dilate the capillaries, and gray powder to act on the bowels. On a second occasion nitrite of amyl proved equally efficacious in relieving her.

MICHIGAN STATE BOARD OF HEALTH.

Reported for the LANCET.

The annual meeting of the State Board of Health was held in Lansing, April 8, 1884.

Dr. Vaughan read a paper prepared by Dr. C. P. Pengra, on the "Purification of water by freezing." As a result of a series of elaborate experiments conducted in the University laboratory, Dr. Pengra found, that, contrary to the general impression, freezing does not render water pure. Ordinarily he found less infusoria and bacteria in ice than in the water from which it was frozen, but the ice contained them in numbers sufficient to preclude its use. In harvesting ice the greatest care should be taken to get it from a pure source.

It was decided to print the names and addresses of the health officers in Michigan, as soon as full returns were received. The number in the State is nearly 1,400. A new edition of the document on the prevention and restriction of scarlet fever was ordered to be printed. It was also decided to publish facts relative to several outbreaks of trichinosis in Michigan.

A resolution was adopted recommending Congress to pass a bill, providing for the prevention of the introduction of infectious diseases into the United States, and for procuring information relating to climatic and other conditions affecting the public.

The Board discussed the merits of several textbooks on physiology and hygiene, with special reference to the effects of alcohol on the human system, and approved for use in the schools Martin's "Human Body," briefer course, second edition, containing special chapters on alcohol and other narcotics; and Dr. Eli F. Brown's "Alcohol: Its effects on body and mind."

OXFORD MEDICAL ASSOCIATION.

The regular meeting of the Oxford Medical Association was held in Woodstock on the 10th of April, 1884, Dr. A. McLay, President, in the chair; Dr. A. B. Welford, secretary. Motions of condolence were passed and ordered to be sent to the widows of the late Drs. Coad and James.

The next regular meeting will be held in Ingersoll, on the second Thursday in July.

Selected Articles.

OPERATION IN INTESTINAL OBSTRUCTION.

Dr. Macleod in the *Glasgow Medical Journal* for March, says:—That of the six most important sources of obstruction—viz., intussusception, loops, bands, &c., twists, simple and malignant stricture, and internal strangulation by pouches, the three first are most frequently found in the right groin. Simple stricture is also, in a certain proportion of cases, situated there; while malignant stricture is far more commonly seated in or below the left groin; and internal strangulation has no special region where it can, in the majority of cases, be looked for. The practical bearing of these observations will be apparent shortly. Now, let me very briefly review the different surgical operations which have been, and still to some extent are, practised for the relief of obstruction, and then we will be the better able to understand which of these procedures is best fitted to meet the different kinds of obstruction we have to deal with.

First, the abdomen may be opened in the middle line, or outside of the recti on either side, or a descending coil of bowel may be cut down on wherever it shows itself. The first is, on the whole, the operation which fulfils the indications in many circumstances, as it gives freest access to the whole cavity, and there is less risk of effusion between the muscular walls of the belly, and perhaps affords the best hopes of a rapid recovery. "Laparotomy," as it is now termed, is, however, a very serious and difficult operation in cases of intestinal obstruction. As is well known, it is in no way comparable to opening the belly to remove an ovarian or other growth, as not only are the patients on whom it falls to be performed usually much exhausted by the nature and continuance of their complaint, but the bowel is so much distended that its return within the cavity of the abdomen after the parts have been examined is always most difficult (in truth sometimes almost impossible), while the manipulation which is required to attain this end immensely increases the risks of the operation. The tension, too, which exists after the belly has been closed is so great that all hope of that rest and freedom from irritation, which is essential to the successful treating of such wounds is often destroyed. It is not a little remarkable how, before the belly is opened, in many cases the distension of the bowel may not appear great, and there may be no great prominence of the abdomen; but, so soon as the wall is divided, coil after coil of greatly enlarged and gas-distended gut come out, defying all means of repression or even protection, and causing the utmost dismay as to how best to deal with them. It is always most desirable not to puncture the distended bowel, as however small the instrument employed, there is always considerable fear of fæcal exudation, and ligatures often fail to bring the serous surfaces together so as to close the aperture. The walls of the bowel, too, are thin and weak from the distension to which they have been exposed, and so very serious damage may result. It not unfrequently happens that distinct rupture of the gut will take place where the puncture has been made. In replacing the extruded bowel, take what care we may, it is apt to be bruised and injured, and small extravasations of blood will now and again appear and escape into the cellular connection when pressure is withdrawn. The contact of the finger nail and tips must be carefully avoided, and sponges introduced between the hand and the bowel; but with all this and every care we can use harm is too sure to follow. There can be little doubt but that it is the manipulation which does such serious harm in laparotomy, and it is probably this which renders the operation so disastrous. In ovariotomy and similar operations we do not, as a rule, require to touch the bowel, and occasionally it is never seen. Further, laparatomy is, in many cases, the only available operation in obstruction occurring in very young and weakly children, yet they are wholly unable to stand so terrible an ordeal.

The cases in which laparotomy is indicated are those in which we have to do with tumours which we desire to excise at the same time that we relieve the obstruction which they occasion; in cases of intussusception, if it is thought possible to disengage the invaginated bowel (that is—early in acute cases if it is to be done at all); in twists also, and in strangulation from internal hernia when we have to adjust the parts, and not merely to save life. It is probably the only operation by which a foreign body obstructing the bowel (not being fæces) can be extracted. In occasional instances in which the exact position of loops, bands, or adhesions can not be recognised, laparotomy may be our wisest proceeding, but of this more will be said. Cancerous tumours, if of small size, and situated in the small bowel, may thus be excised, and the bowel re-united, or a false anus established. If the tumour be in the large bowel, then after excision a false anus may be established in the loin or in the groin, as, it will be in the recollection of the president, I attempted in a patient I saw with him. This is better than attempting to unite that part of the bowel, but in the small gut suturing the divided bowel has most to be said in its favour. It is, of course, only in limited strictures that this operation (colectomy) can be attempted. By such an operation, we attempt not only to remove the obstruction but get quit of the disease. So laparotomy has this strong claim on our attention that it may enable us to carry out a curative, and not simply a palliative treatment.

When laparotomy has to be performed, it is best to make at first a small opening to enable us to search for the seat of obstruction without opening the whole cavity. This must be done with the greatest gentleness; afterwards, if it is found necessary, the orifice may be enlarged. It is the empty bowel which we seek for, and this lies in the pelvis. We trace it up to the place of obstruction. This plan is better and easier to accomplish than to pursue the opposite course, which is what is commonly done. As little bowel as possible should be exposed. A sponge wrung out of carbolic solution should be kept over the hand and wound. We should search first in the neighbourhood of the cæcum, and determine whether the mischief is in the greater or the lesser bowel. The cæcum is the best starting point in all these investigations, and is a good landmark for our proceedings. If there is a portion of the bowel in a loop, or under a band, or in a pouch, we should draw on the lower or empty part, and this way experience has also shown to be the best way of disengaging an intussusception. If we have to deal with a small band we may break or cut it, but it is better to ligature a broad or large band at two places and divide it between the ligatures, as it is difficult and troublesome to secure any vessel which may bleed. If a foreign body is to be removed the portion of the bowel containing it should be drawn well out of the belly. After the substance has been extracted a false anus may be established by stitching the open gut to the superficial wound, or in favourable circumstances, the bowel may be united by suture. So much for laparatomy. It is, I repeat, an operation not to be undertaken with a light heart, or in any but the most desperate circumstances. There are other methods of operative relief which are much preferable, if they can be used. Of these, colotomy in the right or left loin would, of course, be chosen if we are so able to localise the obstruction as to be sure of opening the bowel above it.

In incurable obstruction seated in the rectum and sigmoid flexure—that is, low down, left lumbar colotomy (or Callisen's operation as it should be called), is the operation which beyond doubt would be employed; but it is sometimes far from easy to be sure that by that operation we can get quite beyond the obstruction even in cases in which we seem to have clear evidence to support that conclusion. The descending colon has been often opened after very careful examination, and the obstruction found to extend above the point opened. That the bowel can be safely and comparatively easily reached in either loin is well established and attempts have been recently made to revive Littre's operation (in which the sigmoid flexure is opened in front through the peritonæum, that is, in the left groin); yet all the difficulties connected with getting beyond the disease are in that operation much enhanced by the near neighbourhood of the disease even when it is confined to the rectum. The necessity of opening the peritoneum in operating will make surgeons slow to substitute an operation which was in former years condemned for its unfavorable results, for one which possesses so many stronger claims to success. If the obstruction lies in the descending colon, left lumbar colotomy (Amussat's operation) is that which should be preferred. No one has yet proposed to re-introduce Fine's operation, in which the transverse colon (which is surrounded by peritoneum) is opened; but in these days of obtrusive and restless innovation there is no saying what may yet arise. It is certain that in an immense proportion of cases of intestinal obstruction, the obstruction lies below the right loin. Bryant gives the proportion 15 to 1.

In the many cases in which the obstruction lies about the caput cæcum and the ilio-cæcal valve, Nélaton's operation (which is an extension and improvement of Pillore's) is beyond doubt the best surgical proceeding. Pillore opened the cæcum, but Nélaton demonstrated how by a very small incision in the right groin that region could be perfectly examined, and how with little risk life could be saved in irremediable cases by opening whatever coil of the bowel (necessarily the distended part, and so above the obstruction) protruded at the wound. The success of this operation has been great, and in the cases where I have myself had recourse to it, it has been most satisfactory in saving life. If the obstruction is such that it cannot be removed, or if the steps necessary for its removal (from the condition of the patient, involves too much risk, this is a most invaluable operation. No blood-vessel need be wounded. The bowel is not much handled or exposed, and an outlet is certainly secured for the imprisoned fæces. It is quite true that in most cases this is only palliative—that is, it does not remove the cause of obstruction in all cases, *but it saves life.* I hold it places the artificial anus at the most satisfactory place—a much better place than in the loin, as it is under the control of the patient, it can be dressed by himself without aid, and an apparatus can be best applied to restrain discharges. Finally, I hold that in the considerable residuum of cases in which we have done our best to determine the seat of obstruction, and have failed, that this right inguinal enterotomy is the right operation to perform.

In conclusion, I would say that, as a rule, if an operation for intestinal obstruction is to be performed, the sooner the better. In acute cases it is a question of hours, and in chronic cases delay beyond a week is inexcusable. Sometimes as in a recent case which I saw with Dr. Hugh Miller, our hand is held by the knowledge that similar attacks in the same patient have, after as long intervals, without interference passed off. But, as a rule, if internal remedies intelligently and perseveringly administered have failed to bring relief, then no good but only evil can come of delay. The using of purgatives should be by the rectum alone; and nourishment, too, as is well known, can be largely administered by the bowel, and it is well that full advantage should be taken of this knowledge. Exhaustion, peritonitis, and perforation are imminent, and the mere hopelessness of the patient will so oppose success that the operation can only lead to disaster. The length of time the obstruction has existed is not so good a criterion in determining whether we should operate, as the violence of the symptoms and, above all, the persistence of the vomiting, which does so much to exhaust the patient. Vomiting, pain, distension, are perhaps the most threatening conditions, and if they continue, are the strongest arguments for operation. If the obstruction is from some mechanical cause, medicine can be of little aid, and the knife alone be of real service. If the surface is already cold and bedewed with sweat, the face pinched, the pulse weak and intermittent, the belly tender, and the courage gone, we should not interfere. . The case is hopeless, and we are too late. Twists, internal hernia, and intussusception in very young children are almost always fatal, do what we like. Bands and chronic strictures are more encouraging, so far as operation goes.

In the preceding remarks I have carefully avoided reference to statistics, though these are abundant ; but I have tried to embody the results of their teaching. I have not spoken of the use of the long tube, or of enemata, important and invaluable as these means of treatment in some cases are, because I desire to confine your attention as much as possible to the one point, the "choice of operation in intestinal obstruction." But I may say of the use of enemata in these cases the patient should be laid on the right side with the knees drawn up, and the fluid injected through the tube as it is passed, so as to facilitate its entrance. I would also desire to express in the most emphatic manner my conviction that, in cases of intestinal obstruction, purgatives kill many persons—if not by intensifying and aggravating their condition before the operation is performed, certainly afterwards by the violent action of the bowel to which they give rise after it is set free. The well-known rule of administering no solid food and only opium, and as little liquid as possible by the mouth should be strictly adhered to.

True it is that not a few cases of intestinal obstruction which seem altogether hopeless recover by the unaided powers of nature, and in some of these instances we cannot tell what was the cause which gave rise to the stoppage even after it has passed away. But, alas ! these rare cases of recovery are too often allowed to warp our judgment and cause us to stand aside and abstain from interfering when an operation alone can be of any use. The great mortality which has attended operations for obstruction has had a pernicious influence upon surgical practice. We hesitate in the face of such terrible statistics of failure as past practice has recorded. But it may be that it is chiefly in this delay that the danger lies, and that bolder action might be the means of averting complications in these most unfortunate and anxious cases.

FREQUENT AND PAINFUL URINATION.

The following clinic is by Prof J. C. Skene, of Brooklyn (*Med. News.*) :

Gentlemen :—To-day I desire to call your attention to frequent and painful urination arising from certain disturbances and anatomical lesions of the sexual organs.

Case I.—Our first patient is thirty years of age, and has now been married eight months. Her health has always been fairly good until two months ago, when she began to suffer from frequent and painful urination. These annoying symptoms have continued ever since, and have also increased in severity. She states that in the morning and during the forenoon she is comparatively comfortable, and can retain her urine a reasonable length of time ; but towards the afternoon the desire to urinate is frequent and urgent, and she has much pain in evacuating the bladder. These symptoms continue until night, and during the early part of the night she is compelled to rise several times and relieve her bladder ; but after she has once fallen asleep she remains quiet until awaking in the morning at her usual time for rising.

Now the fact that she is able while asleep, to retain her urine until the bladder is distended to an average capacity, is an indication that the trouble does not involve the entire bladder, but that it is limited to the urethra, and, perhaps, the neck of the bladder. If she has a general cystitis the probabilities are that she would not be able to hold even an average quantity of water in the bladder at any time. We cannot, however, be sure as to the extent to which the bladder is involved without an examination of the urine, but it is fair to suppose, judging from her symptoms, that the trouble is limited to the urethra, and probably the neck of the bladder to a slight extent. It is a curious fact in her history that during the forenoon she is comparatively comfortable, but that her symptoms become aggravated in the afternoon, and continue during the early part of the night. This may be due to one of two causes.

First.—It may be due to the fact that the irritation subsides after lying in bed for a time, and does not return until she has been about for several hours during the early part of the day. The fact of her being upon her feet and maintaining the erect position, naturally brings more pressure to bear upon the neck of the bladder, and would thus aggravate an already existing irritation, and give rise to frequent urination, which continues until she again seeks relief by resuming a recumbent position in bed for a time. This certainly is one of the causes for this frequent urination in the later part of the day.

Secondly.—There is a cause which gives rise to the same peculiarity of clinical history, and that is *malarial poisoning.* A patient suffering from malaria quite frequently has irritability of the bladder indicated by frequent and painful urination, these symptoms being always most marked in the afternoon and evening. In this case, however, there is no indication of malarial trouble ; so that the peculiarity of her history is no doubt due to the erect position maintained during the early part of the day.

Regarding the primary cause of her trouble, that is not quite so clear ; there is no history of gonorrheal inflammation which could have affected the urethra or bladder, as it sometimes does ; neither has she any uterine or pelvic disease which would directly or indirectly affect her bladder. It is barely possible that it arises from the change in her social relations ; having married late in life—some eight months ago—it is just possible that her family relations may have produced an irritation of the urethra and base of the bladder which, when once established, is very liable to persist if not relieved by treatment. Having an opportunity of examining this patient's urethra and the neck of the bladder, the probability is that we shall find a hyperæmic condition and perhaps some tendency to ulceration of these parts, but of that we cannot speak positively, as the examination has not yet been made, nor shall we trouble her with such examination until we see if we can relieve her by treatment.

In the treatment of this case we will render the urine as bland and non-irritating as possible, by permitting her to drink freely of the alkaline mineral waters—Vichy for instance—and in case she cannot procure that, we will order the acetate of potash. At the same time I will give her a favorite prescription in these cases : R. Fl. ex. buchu, ℥ ij ; tinct. conii., ℥ j. Sig. ʒ j half an hour before meals.

If this fail to give her relief, we will then employ injections of sulphate of zinc, half a grain to the ounce of water, with the addition of a drachm of the fluid extract of hydrastis canadenis. In using this local application, we will employ a syringe with rather a large nozzle, which is to be introduced just within the meatus, then slowly and carefully inject the mixture so as to force it along the urethra into the bladder ; being carefnl to have the bladder emptied previously. By adopting this plan we are sure of bringing the remedy in contact with the entire mucous membrane of the urethra. We will also request her to abstain from coition, as that may be the cause of her trouble.

Case 2.—I have here a very interesting case brought to me by Dr. Stewart. This lady is forty-five years of age, unmarried. She gives us the following history : Up to six weeks ago she menstruated regularly every four weeks ; since four weeks ago she has menstruated three times, she is therefore suffering from menorrhagia. She has great pain in the back and suprapubic region, with frequent and painful urination ; altogether, suffering extremely, she says. I am now making but very little pressure upon the abdomen, and yet she complains very much. Upon examination I find an extremely interesting pathological condition here. Now bear in mind the prominent symptoms; there are intense backacke and pain in the suprapubic region with an abnormal condition of the menstruation and a frequent desire to urinate. Dr. Stewart, in carefully examining the condition of the sexual organs discovered conditions which did not altogether coincide with her history as given by herself. He found the uterus large and well developed, with an os externum which looked as if it had seen service ; the same also of the perineum. Upon being questioned very closely, or, as they say in law practice, "cross-examined," she admitted that she had had a child five years ago, and had been also operated on for amenorrhœa.

This gives us a clue to the cause of the present condition of things which we have here. We find the uterus is large and the fundus is pointing towards the upper part of the symphysis pubis, the os looking towards the hollow of the sacrum, the body of the uterus is therefore pressing upon the bladder and crowding it downward—a condition which is sufficient to account for this frequent urination. The uterus is anteverted, and the symptom is the functional disturbance of the bladder, due, no doubt to the displacement. I here show you a specimen of her urine We often have symptoms of cystitis being established. In this case we have vesical tenesmus because of the pressure of the fundus uteri. A normal bladder will tolerate pressure for a time, but after a while it will incite this frequent urination ; it is therefore a question whether or not we have cystitis here. You will observe in this urine that there is an abundant deposit of the phosphates ; if this clear up upon the application of heat, and we find no products of inflammation under the microscope, we will simply say that this is a mechanical derangement of function.

There is, however, another unfortunate condition here, and that is, that while the uterus is anteverted, it remains there in spite of all our efforts to restore it. It is anterverted and fixed in this position because of a former peritonitis. If she has been subjected to an operation for the relief of amenorrhœa, she has been in the way of having pelvic cellulitis or peritonitis, or both, and the evidence is that she has had one or both.

We have here, then, an incurable anteversion ; all that we can do is to relieve the symptoms ; we cannot remove the cause of her pain, backache, and vesical tenesmus ; we can only modify these while hoping that she will live long enough to pass the menopause and be relieved by the final involution of the uterus. The plan of treatment will be to try and relieve her general condition. This urine shows her nervous system to be below par ; when we have this brick-dust deposit, it is said to be a symptom that the waste of the tissues is in excess of the assimilation for their support. It is said of clergymen that the deposit of phosphates in the urine is greater upon Monday than any other day in the week, by reason of the using up of the nerve force on the preceding Sunday. It is possible that we may improve this woman's general health so that her system will be able to tolerate her local difficulty, and thus bear her suffering much better.

It is impossible to use a pessary in this case as the uterus is fixed; part of her vesical irritation may be due to the fact that there are adhessions of the bladder, so that now it is impossible for that organ fully to distend. The peritonitis has probably extended in front of the broad ligaments forming adhesions, and thus holds the bladder in a splint so that it cannot extend; this may be another cause of her frequent urination. So that we have here two factors; the displaced uterus, and the thickening of the peritoneum upon the walls of the bladder which prevent its distension. We can do little but apply the douche and paint the vaginal roof with iodine; we can also introduce a balladonna suppository if advisable. This, however, as I have told you, can only be palliative.

This case is an exceedingly important one, as those who are most prone to this condition are those who abuse the generative functions.

There is one thing more here which, however, hardly comes under my Chair. We find above the umbilicus a marked pulsation which may be an aneurism of the aorta, and which might possibly account for some of the abdominal pains.

Case 3.—Our next case is also one of incontinence of the urine; the cause, however, of this condition in this patient is entirely different from that of the preceding ones, and therefore must not be arranged under the same head. The patient, however, comes to us suffering from this incontinence, and I now present her to you as illustrating another cause of this difficulty. This little girl is twelve years of age. When she was three years old she had an attack of scarlet fever, and has never been well since; she has not accomplished much in the way of growth or development; she looks somewhat anæmic. During the night she has to get up six or seven times to pass her water, and, unless exceedingly tired, the desire always awakens her. During the day the passing of water is equally, or more frequent; for this reason she has been unable to attend school. This is very interesting, as it illustrates a class of cases which you will meet quite frequently. When urinating there is always pain, and she informs me that, if she attempts to restrain herself, it increases the pain; but immediately upon evacuating the bladder there is complete relief for a time. For the last nine years this has been going on. It is, however, a rare thing as a rule in this difficulty for the patient to awaken at night, the urine being generally passed in bed. This is a most miserable condition for a child to be in, been obliged to get up to urinate many times every night, or else to sleep in a bed saturated with urine.

Acute cystitis often follows the eruptive fevers, and sometimes in these cases it becomes chronic, as in this case, so that we should always be on our guard in the eruptive fevers and see to it if there is any cystitis following, otherwise the result will be the same as in this case. Now, whether the child has general cystitis or an inflammation of the neck of the bladder with urethritis remains to be seen. The way to make the diagnosis is repeatedly to examine the urine, selecting the last drachm or two which passed, and if it contains pus and epithelium we may be tolerably sure that there is general cystitis. The order of the development of the pathological conditions in this case is as follows; first, scarlet fever, which gave rise to acute cystitis, or urethritis, which in place of ending in recovery, ran into the chronic or continuing variety.

CATARRHAL JAUNDICE AND CHRONIC BRIGHT'S DISEASE.

CLINIC BY PROF. BARTHOLOW.

The case of jaundice before you is one which you have seen before. An attack of jaundice rather persistent, as this one has been, and occurring in a man at this period of life, is by no means a small matter, and would be looked on with solicitude by any practical physician.

Let me state what has been the result of treatment. The patient tells us that he has gained two pounds during the past two weeks. The jaundice has disappeared, and the symptoms depending on it have passed away. The stools are natural in color and the deep coloration of the urine no longer exists. He, however, has some itching of the skin. This is due to senile changes in the skin, especially in the terminal portion of the nerves, the end organs.

In this case phosphate of sodium has been used persistently, and after a time the chloride of gold and sodium were added. I have repeatedly called your attention to the remarkable value of these two remedies in this affection, namely catarrhal jaundice.

There is another point I may mention before dismissing the patient. No case of catarrhal jaundice is without importance. It has been shown by experiment, and by clinical observations, that if there is any obstacle to the outflow of the bile for any length of time, the liver undergoes structural change. Hyperplasia of the connective tissue first occurs, then follows contraction. This is not the spirit or the drinker's liver, but it is allied to that condition, although the change is not so marked. Hence, I conclude that no case of catarrhal jaundice is without importance, for the longer it continues, the greater is the danger of hyperplasia of the connective tissue and permanent structural changes.

I have brought the case before you to show what can be done by appropriate remedies, and the persistent and faithful use of such remedies.

This young man had an attack of gonorrhœa two years ago, which was followed by cystitis. This finally led to a complication on the part of the kidneys, and he probably had what is commonly termed surgical kidney. The occurrence of the renal complication was announced by the presence of albumen in the urine. He now has albuminuria, and the legs and feet are somewhat œdematous. The hands also look puffy, although there is no distinct œdema. The general appearance of the patient is good. One who has had albuminuria for a year usually presents an appearance of anæmia, which does not exist in this case. On examining the urine, we find a large percentage (10 per cent.) of albumen, and at times the proportion is probably greater.

The symptoms are not limited to those which I have mentioned. Examination of the eye reveals white spots in the retina, the evidence of albuminuric retinitis. There are also cardiac changes. The action of the heart is strongly heaving. The changes in the peripheral arteries which belong to this malady are also found. There is hypertrophy of the heart, which causes the strong, heaving impulse, and there is high tension in the arteries, due to the hypertrophic condition of the muscular layer of the arteries.

You have often seen these cases, and I shall not go further into the morbid changes, but I want to say something in reference to the treatment. These cases are readily diagnosticated, but the difficulty is in the treatment. We now have at our command some remedies which exert a remarkable effect upon this malady. The first of these is nitro-glycerine. Its introduction has given quite a different complexion to the treatment of these cases. This remedy is employed in the form of the centessimal solution; one minim of nitro-glycerine dissolved in one hundred minims of alcohol. One minim of this one per cent. solution is the beginning dose. This may appear to you an extremely minute dose, but try a few minims of this preparation and see if your respect for the activity of this drug is not increased. In some persons the action of the heart is accelerated and the face flushed by a single minim, while others may take from five to fifty minims. I had, a short time ago, a patient who could take eighty minims of this solution, not only without injury, but with decided benefit. This was a case of spasmodic difficulty of breathing. In albuminuria, I have found that the dose readily borne by an adult is from one to five drops, the average probably being three drops. You should begin with the smallest dose, and gradually increase until the characteristic symptoms are produced. It is necessary to produce these characteristic physiological effects in order to obtain the best results. I cannot too strongly insist on that proposition. Unless these effects are produced, curative results cannot be expected. It is fortunate that these effects can be obtained without any injury to the patient, provided the remedy is used in anything like the proper dose. It is perfectly safe within these limits.

Why do we give nitro-glycerine? We should always have a reason for the faith that is in us. For the effect which nitro-glycerine has on the circulation and its secondary effect upon the structure of the kidney. Nitro-glycerine produces marked dilatation of the peripheral vessels. This at once takes away the blood from the important large vessels and central organs, and distributes it to the periphery. Of course, when the arteries are suddenly dilated, the work to be done by the heart is reduced, and it can send the blood on the round of the circulation with less force. Nitro-glycerine in this way relieves the heart and lowers the high tension which belongs to this malady. Secondarily, it opens the way to the relief of a condition that had hitherto not been relieved by any measure which he had under our command.

I have, however, another reason for my faith; that is, practical experience. It has been demonstrated that this remedy has a remarkable influence, and that the amount of albumen progressively diminishes under its use. The extent of improvement depends upon the amount of damage which the kidneys have suffered. We cannot restore lost parts. We cannot put new structure into the kidney, any more than we can restore a finger that has been amputated. If we wish to accomplish good, we must begin early. There is no time to be lost in this case. I shall begin with the administration of minum doses of the centesimal solution of nitro-glycerine, four times a day, and gradually increase the dose until the patient feels the characteristic flushing of the face and other symptoms produced by this remedy.

Have we any other remedy? The drug to which I have just now alluded as potent in preventing hypertrophy of the connective tissue of the liver, is equally potent in preventing hypertrophy of the connective tissue of the kidney. The result to be secured is exactly the same. In addition to this reason for the use of chloride of gold and sodium, I can again quote experience. I have seen remarkably good results from the exhibition of this remedy in these cases. The dose is one-twentieth of a grain three times a day.

In addition to this, the bowels should be kept in good condition by the use of a weak saline water, the function of the skin is to be kept active by the use of warm clothing, and the patient should carefully guard against changes of temperature.

There is another remedy which is also a food, that is skim-milk. The patient should live largely upon this, which acts as a diuretic as well as a food. As a rule, he should avoid solid food, living almost exclusively on a liquid diet. As he improves, the amount of solid food may be increased. These hygienic measures are of the greatest importance, for without them it is hopeless to expect a favorable result from any method of treatment.—*Col. and Clin. Record.*

EXCISION OF THE ANKLE.

Dr. F. Lange, of New York, presented before the New York Surgical Society, Feb. 26th, 1884, (*N. Y. Med. Jour.*) six patients in whom he had excised the ankle joint more or less extensively within the last two years. In five of these cases the operation was done for scrofulous disease. The patients were at the time of the operation from one and a half to nine years old. In one case a gunshot injury gave the indication; the patient was eighteen years old. He said, I shall omit to ventilate the question, how far there is the indication to excise the ankle joint for scrofulous disease. Certainly a great difference of opinion exists regarding this point. A good many surgeons, especially in England and America, are in favor of expectative treatment. During six years of living in New York, I have not seen a single excision of the ankle joint except one, which, strictly taken, was no excision; nor have I heard of one; and I am perfectly aware that in children a great deal can be achieved by mere expectative treatment. On the other hand, I hope to prove by my cases that very good results can be reached by excision, that the disease in some cases is undoubtedly shortened by years, and in one or the other may have saved the limb. The prejudice prevailing against excision is mostly based, I believe, on deficient knowledge of good after-treatment, and in some degree on inattention to the technique. To these two points I shall principally direct your attention.

Regarding the operative procedure, I do not offer anything new. The genius of Langenbeck has presented a method which, in spite of all new, more or less sensational modifications, is by far the best in every respect. It causes the least injury, gives the best guarantee for new formation of bone, if that can altogether be expected, and allows of sufficient insight over the field of operation. To make the operation still more strictly subperiosteal, I remove the periosteum, in all those places where ligaments or tendons are attached, by means of a chisel. In small children, where the epiphysis is mostly cartilaginous, free use can be made of the knife. The bones are removed by means of a sharp chisel also; eventually a cross-cut is made through the periosteum of the tibia below the line of intended separation, to obviate tension and to allow of free access for the chisel. In this way also superfluous denudation of the bone is avoided. The chisel must be sharp and thin, and form, by means of numerous small cuts, a smooth perpendicular surface on the cross-cut of the bone remaining—to be sure, at the expense of the specimen. I always unite the periosteum-cylinders by a few cat-gut sutures. In all cases the fibula has been excised also. In the traumatic case the astragalus was left untouched, in one case only its articular surface has been removed, in four it has been removed entirely. In one case complete *évidemen* of the os calcis was added. I need not say that antiseptic principles, with the permanent antiseptic dressing, decide the wound treatment. The limb is suspended by a long, anterior plaster-of-Paris splint, after the manner of Beely, into which iron rings are fastened. It reaches as far as the middle of the thigh, and keeps the knee in a somewhat flexed position.

Great care must be taken during the wound dressing to keep the foot in such a way that it is not too much pulled forward. The assistant who holds the foot is very apt to commit this blunder. In this way the axis of the bones of the leg falls behind the intended point of the new joint, and you will see in some of my cases that I have not been entirely able to overcome this deficiency. In cases where the whole astragalus has been removed that might not be any disadvantage, because the bones of the leg are then supported by a part of the os calcis which is lying more toward the middle line of the foot and transfers more of the weight of the body upon the heel. In this way, I presume, the formation of pes valgus later on is avoided with more certainty. Where, however, the astragalus is left, the correct relation of the axis of the leg must be strictly observed. It is good to support the thigh and calf during the wound dressing, and to advise the person who holds the foot to fix it more by tender manipulation and slight extension than to contribute anything to raising the limb.

After the wounds are healed, which can be achieved usually under a few dressings, within, let us say, from six to eight weeks (in some of our cases it was four weeks; in one, the most extensive, the wound is not entirely healed after almost five months), the patient gets a light dressing of pasteboard and starch bandages, or silicate, with quite thin wooden splints interposed. This dressing goes upward to the middle third of the thigh, and reaches down to the toes, keeping the knee slightly bent. It is split anteriorly, and can be removed and reapplied by means of straps and buckles. I should advise cutting out the region of the heel to such an extent that, for reasons mentioned above, the foot can be slightly pushed backward within the dressing. I extend this dressing above the knee in order to avoid rotation of the leg within the dressing.

Now comes a very important stage of the after-treatment, during which, by means of active and passive movements, electricity, and bathing, the muscular action is stimulated. For this purpose the dressing is often removed and exercise done while the patient is in the lying posture, the limb being raised as much as possible. By and by the child is made to push away a hand, which offers a slight resistance. In this way the young parts are accustomed to pressure, and after some weeks they will be so far advanced that, with the dressing, which must fit very accurately, and allow only of a slight weight being thrown upon the foot, they commence to walk. The parents must be inspired with the importance of devoting all their attention to these exercises. After several more weeks (in four of my cases in about two months after the operation) the patient gets a good-fitting double splint, which is inserted in a strong laced shoe, allows of a movement of about twenty degrees in the region of the ankle joint, and reaches as high as the head of the tibia. Here it ends in two side pieces, which form the upper part of a pretty strong leather cylinder. The latter must be adapted very well to the upper half of the leg as far down as the lower edge of the calf. If the patient has sufficient means, it is good to furnish every lateral splint with a mechanism by which the distance between the condyles and the sole can be increased. This can be used very well to correct abnormal pronation or supination. To improve an abnormal dislocation of the foot forward, pass an elastic ribbon across the lateral steel splints, which presses slightly against the posterior surface of the lower end of the tibia and fibula. The apparatuses will probably have to be worn for years. So far I have not deemed it advisable to remove the splint in any one of the children, though in one the operation was done almost two years ago. Four of these children run about all day, and one would hardly suppose that they had undergone such extensive operations.

RUPTURE OF THE BLADDER—RECOVERY.

Dr. Weir reports the following case in the *N. Y. Med. Record*, March 29th:—An Italian laborer, aged twenty-eight years, was admitted to the New York Hospital, November 20, 1883, having been injured a short time previously by a bank of earth falling on him while engaged in making an excavation for a gas-pipe in the street near by. The accident occurred about ten o'clock in the morning, and on enquiry it was ascertained that he had had no alcoholic drink that day, and had urinated not long before the receipt of his injury. The mass of earth that fell upon him struck most heavily on his pelvis and left hip. When he was admitted no shock existed and his general condition was excellent. There was noticed a slight ecchymosis of the scrotum and a spot of blood at the meatus urinarius. This fact led the house surgeon to pass a rubber catheter, which gave exit to a moderate amount of bloody urine which became clearer as it flowed. Palpation over the supra-pubic region gave rise to a little pain; considerable tenderness was felt over the left hip, but no evidences of pelvic fracture were obtained.

The patient passing urine with some difficulty and at times bloody, the catheter was passed during the next twenty-four hours three times. General condition good, though increased tenderness was then experienced in the hypogastrium.

November 22d.—The injury had been considered until to-day as a slight urethral laceration, but the marked increase in the supra-pubic dulness, which now extended four inches above the pubis and across into each groin, with tenderness, led to a closer examination of the patient. The catheter was passed readily into the bladder and only occasionally gave exit to blood-stained urine. The urine itself was passed at times voluntarily, and was not apparently diminished in amount. The temperature was but 99°. Abdomen not distended though its walls above the dulness somewhat rigid. Condition still good. No signs of fracture elicited, but the finger in the rectum detected a softer spot on the left side of the prostate which was decidedly painful. The ecchymosis of the scrotum and perineum was now very pronounced.

November 24th.—The temperature had risen to above 100°, pulse 104°, and patient began to be restless and disposed to vomit. Tympanites increasing, with abdominal tenderness not only above line of dulness but below it. A large hypodermic needle inserted in the hypogastrium drew out some bloody fluid with an acid reaction and urinous odor. Nothing distinctive could be felt in the rectum. The patient was etherized, and an incision, under sublimate irrigation, 1 to 1,000, was made three and one-half inches long in median line, midway between symphysis and umbilicus, until the subperitoneal cellular plane was reached, where a large cavity, containing at least a pint of bloody, undecomposed urine, was found. The finger could be carried its full length behind the symphysis, but nothing was detected. To effect a more complete diagnosis, as well as to allow of the carrying, if possible, of a drainage-tube from the hypogastric opening down and out of the perineum, the patient was placed in the lithotomy position, and on a staff introduced into the bladder a median incision was made, opening the urethra just anterior to the prostate. The finger passed in here toward the bladder revealed a rent running along the left side of the roof of the prostate which was lost in the wall of the bladder itself. Its upper limit was not defined, purposely, to avoid extra damage to the parts so favorable as they already were. Through the supra-pubic incision a large silver catheter was carried, and, aided by the finger in the perineal wound, was caused to pass through the laceration of the bladder and emerge from the lower wound. To the eye of this catheter a thread was attached, and a large rubber drainage-tube pulled through as the silver instrument was withdrawn. Each end of the tube was secured by a suture to the skin, and a second drainage tube was then passed into the bladder, and its external end also fastened in the perineum. The cavity of the extravasation and the bladder were carefully washed out with a warm sublimate solution of 1 to 2,000, and iodoform gauze placed over each wound, though so lightly that urine could readily flow through the dressing.

The progress of the case was in every way most satisfactory, as is shown in the following notes from the case-book of the hospital. Dressing reapplied at 7 p.m.; temperature, 100°; all urine escapes through tube.

November 25th.— Condition improved, little pain; temperature, 101° all day; dressings changed and tubes irrigated.

November 28th.—Patient doing well; temperature still elevated (100°). Tube in bladder removed on 27th; urine passed by the other tube, which has been shortened daily from the perineal end.

December 2d.—Temperature normal; urine is still forced through tube into abdominal incision; tube removed from this opening and placed in perineum.

December 5th.—Patient himself removed tube from perineum last night, and much pain followed, replaced this morning; it drains thoroughly; cavity washed out daily with sublimate solution.

December 9th.—Patient removed tube last night and it could not be replaced; urine voided by the penis with little pain.

December 24th.—Wound in perineum closed; wound in abdomen only a linear ulcer. Allowed to go out of the hospital to-day.

OBSTRUCTION OF THE ABDOMINAL LYMPHATIC GLANDS.

BY ROBERTS BARTHOLOW M.D., ETC., PHILADELPHIA.

The first case which I bring before you is one presenting many points of interest, but its diagnosis is by no means clear. There are certain objective symptoms, however, which are very patent. For over two years this young man has had the swelling of the inferior extremities which you see. This swelling does not pit on pressure, in the ordinary way. There is some depression on pressure, but it is not ordinary pitting. The skin and subcutaneous areolar tissue are thick and firm, and the swelling does not present the ordinary characteristics of simple œdema. There is, besides the swelling, a change in the subcutaneous connective tissue—a change allied to that which takes place in the peculiar affection called myxœdema. This disease, which has lately been described, is characterized by a mucoid degeneration of the subcutaneous connective tissue, and is connected with atrophy of the thyroid gland. This change is, as a rule, especially well marked about the face. This malady was first described by Sir William Gull, of London, and was entitled by him a cretinoid state. It occurs most frequently in women, but it is also met with in men.

I do not mean to affirm that this is a case of myxœdema, but I desire to impress upon you the fact that there is a change in the connective tissue which allies this case with myxœdema. No renal disease, no cardiac affection, no œdema of the cellular tissue could give rise to this condition.

It is a curious fact that myxœdema has been found to be associated with atrophy of the thyroid gland. The effect of extirpation of this gland has lately been studied, and it has been found that subsequent to the surgical extirpation of the thyroid gland, a change analogous to that which we see in this patient takes place.

There is another peculiarity which at once attracted my attention when examining this patient, *i.e.*, that on the slightest pressure the skin assumes a distinctly red hue. When I draw my finger across the abdomen a well marked red line is left, and the slightest excitement, emotion or exertion causes him to get very red. In other words, the capillaries of the skin are in a condition of dilatation. There is a paralytic state of the vaso-motor system with which the circulation in the capillaries is concerned.

It is a perfectly well known fact that when there is obstructive disease of the capillary lymphatics, a change like this occurs in the connective tissue. This at once suggested that there might be some condition of obstruction of the lymphatics of the lower extremities.

What has caused obstruction in these lymphatics? The patient tells us that he has attacks of of what he calls intermittent fever, during which the glands in the groin become enlarged and red, and painful lines extend down the thighs. This throws some light upon the affection. There are temporary attacks of obstruction of the lymphatics of the inferior extremities. This is very evident at certain periods. There is also a permanent obstruction, which has existed for two years; what has caused this?

The abdomen is full, more so than is usual. Even when the lungs are completely emptied, the abdomen remains full, so that I cannot, either by touch or percussion, demonstrate the existence of any enlarged body in the abdominal cavity; but taking the symptoms in connection with the history, I have no doubt that there is disease of the intra-abdominal lymphatics, causing obstruction in the lymph channels of the limb and swelling.

I have already stated that the circulation is peculiar. There is paresis of the vaso-motor system, which is shown by the state of the skin after exertion, excitement or pressure. Has this any relation to the condition of the lower limbs? I think it has. What can be the origin of this condition of the capillaries? There is no cardiac affection, and the solution of the difficulty is probably found in intra-abdominal pressure on the sympathetic, so that it produces this obstruction of the lymphatic circulation below; it also causes the paresis of the vaso-motor system. I admit that this is not a very certain diagnosis. The problem is very obscure and the terms of the problem are somewhat uncertain, but taking it all in all, such is my explanation of the phenomena

What is the treatment? Assuming that the diagnosis just announced is correct, what is the therapeutic diagnosis? The problem is, how shall we get rid of these enlarged lymphatic glands within the abdomen? What remedial measures can we employ to diminish their size, to change their character, to restore the lymphatic circulation of the limb and remove this enlargement? There are certain remedies which do undoubtedly affect the lymphatics; mercury is one. Iodine and the iodides are other remedies which have the same effect. Manganese and iron, under certain circumstances, also act on the lymphatics. We can at once dismiss the last two, for the appearance of the patient does not indicate the need of iron. This brings us to remedies such as mercury and the iodides, which have a selective action on the lymphatic system. I shall give this patient twenty grains of iodide of potassium three times a day, and also one-twentieth of a grain of bichloride of mercury, with one grain of extract of cinchona, three times a day, in the form of a pill. As you see, I do not give the iodide and mercury together. I direct a simple solution of the iodide to be made and the patient to take twenty grains in four ounces of water, three times a day, before meals, so as to secure its diffusion through the system before the mercury is administered. I think that it is always an error to combine these two remedies, for in such a combination you do not, as is commonly supposed, obtain the beneficial effect of both drugs. In the course of two weeks we should see some results from this treatment.—*Col. and Clin. Record.*

TREATMENT OF ACUTE ABSCESS.

BY STEPHEN SMITH, M.D., NEW YORK.

In many instances of the ordinary acute abscess, I have recently had excellent results in treating them for immediate cure. The following example illustrates the course pursued:

A man had an abscess on the external part of the thigh, resulting from a severe fall. There had been a high grade of inflammation, much suffering, and a temperature of 103°. At the time of the operation the temperature was 101. There was fluctuation, but the pus was not very near the surface. The treatment was as follows: When the patient was fully under the influence of the anæsthetic, the parts were thoroughly washed with soap and water and a flesh brush, and then with a douche of corrosive sublimate solution 1 to 500. Then the abscess was opened with a knife, treated with a carbolic solution 1 to 30, the opening being of a size to admit the nozzle of a Davidson syringe. The depth of the abscess cavity was two inches. The pus was forced out by pressure, and when it ceased to flow the nozzle of the syringe, well disinfected, was introduced and the edges of the wound held firmly around it. The cavity was then distended to its fullest capacity, with corrosive sublimate solution 1 to 5000, the amount of water injected being one pint. Withdrawing the syringe tube, the solution was forced out, with strong and gentle pressure. This injection, and hyperdistension was repeated three times, when the water flowed away quite undiscolored. An incision was then made down to the cavity of the abscess, its full length, the incision being six inches long. With tenacula the edges of the wound were held apart, and the entire cavity exposed. During this part of the operation the irrigation with the corrosive sublimate solution, 1 to 2,000, was continued. The internal surface of the abscess was covered with large granulations and shreds of broken down connective tissue. The process of cleansing the wound was next begun, with disinfected hands and instruments. All the shreds of tissue were carefully dissected away, and the granulations were gently scraped off with the curette, until a perfectly clean surface was everywhere apparent. Several small vessels were ligated with carbolized ligatures, and the whole surface of the cavity thoroughly irrigated. The wound was closed with the interrupted suture, except at the lower extremity, where a small opening was left for drainage, over which was placed a disinfected sponge to absorb the discharge. The external wound and adjacent skin were sprinkled with iodoform; folds of gauze, between which iodoform was sprinkled, were applied around the limb from below the knee to the hip; over these layers, a dressing of borated cotton was wrapped about the leg and thigh; and over this was applied a light plaster of Paris dressing, which completed the operation. On the following day the temperature had fallen to normal, and did not rise again to 100, the pain entirely ceased; the appetite returned; sleep was sound and undisturbed. The patient stated that from his recovery from the anæsthetic he had felt entirely well. The dressing was removed on the eighth day. The wound was entirely closed, and though there was some thickening of the tissues involved in the injury, there was no tenderness. He could walk without pain or inconvenience, and there was a rapid subsidence of the swelling of the part.

It is safe to estimate that this man saved at least a month in time by the operation. What was saved in pain, impaired health, and possible dangerous sequelæ, cannot be estimated. I have operated for acute abscesses of the neck, back, groin, etc., in a similar manner, and have not failed of rapid and complete recovery without further symptoms.

This operation may be extended to furuncles and carbuncles when they have a local origin. The exciting cause is some small necrosed tissue. If this irritant is early and thoroughly removed, and the parts rendered aseptic, the disease will be arrested. Carbuncle of the face, the so-called malignant pustule, has long been treated, and generally the disease is arrested, by early incision, filling the wound with spirits of turpentine. The value of this treatment was supposed to lie in the local suppuration induced, but it is more probable that the turpentine acted as an antiseptic. If the surgeon would go a step further, and not only make a free incision through the inflamed tissues, but carefully scrape off, as far as possible, all diseased structures, and render aseptic the surfaces of the wound by the remedies now found so efficient, the disease could doubtless be arrested in its incipient stage.

We are evidently on the eve of the adoption of measures for the *prevention* of this formation of pus in a great number of cases where hitherto the practice has been to encourage suppuration as the proper method of cure. Indeed, there is little doubt that the time is at hand when the very presence of pus in the practice of surgery will be evidence of the inefficient use of remedial measures.—*The Æsculapian.*

THE TREATMENT OF PILES BY INJECTIONS.

Dr. Wm. H. Veatch, of Carthage, Ill., who has had considerable experience with this method of treating piles (Peoria *Med. Monthly*) gives the following answers to a number of questions addressed to him by correspondents desiring explicit instruction regarding the operation :

I confine myself to two principal modes of examination. 1st. The knee-breast position of the patient, placed on a table two by six feet, well cushioned. My stand is taken on the left side of the patient. Pressing the nates apart will reveal any external tumors which exist ; or the finger may be introduced through the sphincter ani to explore for internal tumors. 2nd. I place the patient on the table, on left side, the limbs flexed on the body, the right limb being drawn higher than the left, with the knee resting on the table ; then make the examination as before.

Piles originate from a common cause ; *i. e.*, obstruction of the hemorrhoidal veins, therefore they are of the same nature and may be cured by the same treatment. The ordinary hypodermic syringe of Tiemann & Co. is the one I have always used.

The management of the needle is an easy matter when your patient is in proper position and the tumors properly exposed. Use due caution in filling the syringe ; see that no air is left in the barrel ; insinuate the needle gently into the tumor at any point from which you can most easily reach the sac, or center of the tumor. I have sometimes thought I have had better results from depositing the remedy at the base of the tumors, but in so doing I am aware that I risk depositing the fluid in the cellular tissue beyond the hemorrhoidal tumor, or in an unobstructed vessel beyond the limits of the tumor. In such an event I can easily see how we might realize Dr. Allen's fears of embolism. The safest plan, therefore, is to pierce the tumor at its apex or centre.

I have used all strengths, from equal parts of carbolic acid and water to that of only five per cent. of acid, and have had good results from all ; but as a rule I use a twenty five per cent solution. Patients will bear this strength as a rule without complaining. I have used tr. iodine, sol. subsulph. ferri, tr. ferri chlor., sol. plumbi acetat., sol. zinci sulph. and simple cold water ; anything that will coagulate the blood. Several of the above act more promptly in that way than carbolic acid, but my experience is in favor of the acid on account of the readiness with which absorption takes place after its use. A little alcohol thrown into the tumor after the coagulum has formed will assist absorption.

The following is the formula I employ : ℞ Acidi carbolici ; glycerini, āā fl ʒ j. ; morphiæ sulph. gr. viij. ; aquæ dest., fl ʒ ij. M. Sig. Inject from five to ten drops into each tumor once in two weeks.

In nervous persons, who are easily hurt, and complain of very slight causes of pain, I inject but one at a time, but frequently I inject all at once if there are half a dozen.

External tumors are always much more painful under the operation, and are much longer in being absorbed. Occasionally tumors suppurate and discharge considerable quantities of pus, just as they frequently do without an operation of any kind ; but these pus sacs usually granulate and heal with but little difficulty.

I give great latitude in regard to the time necessary to a cure. They have run all the way from five days to five months. A great deal depends on the length of time the tumors have existed.

When the tumor is once cured the vein at that point is obliterated and cannot fill again ; but obliterating the vein at one point will not prevent a tumor from forming in any other part of the vein.

The length of time which patients suffer after treatment depends in a great degree on the condition of the patient, and the strength of the solutions used. Ordinarily the first twelve hours puts an end to the pain, *i. e.*, the pain consequent upon the treatment.

The finger and the eye are all the instruments necessary for an examination of any case. A two-valve speculum, a tenaculum and scissors, a camel's hair pencil and a sponge are all the instruments you will require, besides your syringe, to treat any case of true hemorrhoids.

I can now call to mind only two cases who went to bed in consequence of the treatment. Almost all say that the pain of treatment is not to be compared to the pain they have suffered during the inflammatory stage of the recently filled tumors.

These are answers to the principal questions I have been able to cull from the mass of letters I have received, and I have to regret that my space will not allow me to enter more fully into the discussion of the various topics represented by my correspondence.

Now I will say to one and all, that the disease is to be treated as all other diseases must be, by the expenditure of a good proportion of common sense, and if one does not understand it he had better keep hands off. Always remember Prof. Andrews' admonition :

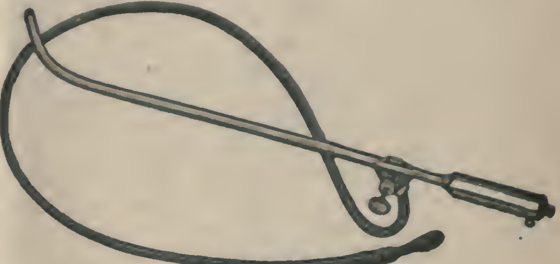
"This or any other plan is not exempt from danger when practised by ignorant men."

First, understand the nature of the parts diseased. Second, understand the disease you are attempting to cure. Third, understand the nature of the remedy you are making use of; and fourth, understand how to apply it. With these simple rules in view one can scarcely do harm.

ORDINARY STONE SEARCHER.

Professor Andrews, of Chicago, gives the following description of this instrument in the *Jour. Am. Med.* Association for March :—The first step towards an instrumental demonstration of the presence of a stone is by the process of sounding. This operation, as performed with the old instruments, was sufficient to detect stones of ordinary size ; but in cases of very small calculi, or in searching for the last minute fragments during the operation of litholapaxy a more delicate apparatus is required. To meet this necessity I devised in the year 1877 an attachment to the ordinary searcher, by which I was enabled to detect by the ear the smallest bit of calculous matter. The apparatus was shown to the Illinois State Medical Society in 1878, and figured and described in the Society's Transactions of the same year (p. 254). In the form there depicted the instrument consists of a light, hollow searcher, having a small rubber tube and ear piece attached. The searcher being introduced into the bladder, and the ear piece placed in the surgeon's ear, the slightest contact with sand or grit becomes distinctly audible. Having subsequently discovered that a solid searcher transmits the sound as well as a hollow one, I modified the plan and appended a small clamp screw to the rubber tube, by which I could attach it at pleasure to any metallic sound whatever.

The Figure shows the apparatus clamped to Sir Henry Thompson's searcher. I have one with two tubes attached for the purpose of increasing the intensity of sound by the binaural effect, as well as to assist clinical instruction by enabling two students to listen to the sound at once.

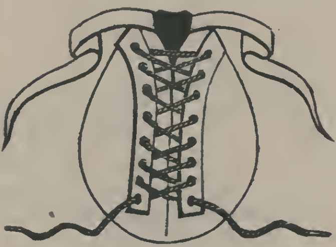


The search of the bladder, to be thorough, must be made with at least two forms of instruments, viz. : the ordinary searcher with a short beak, which can be rotated backward to explore the *cul-de-sac* behind the prostate, and the one with a very long beak to reach the front of the bladder near the pubis. I often clamp the tube to a simple britannia metal sound capable of being successively bent into several different curves as the case may require. Contrary to one's natural supposition, this soft metal conveys sound almost as well as steel. The auditory sounds are manufactured and sold by E. H. Sargent & Co., of Chicago, to whose enterprise and kindness I am indebted in the construction of many other new forms of apparatus made at my request.

I have practiced for some years another innovation, which I consider of still more importance, though I am unable to say whether I have any priority over others in that respect. I refer to the great value of using warm carbolized water during the whole operation of litholapaxy, both to distend the bladder during the crushing, and to wash out the fragments afterward. Carbolized water acts as a decided local anæsthetic, benumbing the nervous activity of the bladder, and seeming to me to greatly lessen the shock of prolonged operations ; besides, it checks bleeding, and leaves the viscus in a thoroughly antiseptic condition, preventing the formation and the putrefaction of pus, and acting as a very powerful local antiphlogistic. I use it in the strength of about 1½ per cent., and am satisfied that it greatly lessens the danger of all operations in the bladder.

A SUBSTITUTE FOR STRAPPING THE TESTICLE AND THE TREATMENT OF HYDROCELE.

Dr. J. C. Warren has devised a chamois-leather bag for the purpose of exerting pressure on a small collection of fluid left in the tunica vaginalis remainining after an operation for radical cure. The bag can easily be applied by isolating that portion of the scrotum containing the testicle to be compressed and forming a pedicle, which is preserved by tightening the chamois-leather string. The bag is then laced from above downwards, and, if it has been made to fit snugly, exercises a gentle and equable pressure. If it is necessary to increase the pressure a few turns of a common narrow roller bandage around the equator of the globular mass are all that is necessary. This bag is free from the well-known discomforts of plaster, is easily made and applied, and can be removed and reapplied by the patient himself as often as is desirable, thus avoiding excoriation at constricting points. In the single case in which it was used the effusion promptly disappeared, and has not since returned at an interval of nine months.



Dr. Warren spoke of the advantages of Dr. Levis' method of treating hydrocele by the injection of one drachm of the liquefied crystals of carbolic acid. It appears to be specially adapted to the lighter forms of the disease, is almost painless, and produces very moderate reaction, so that the private patients he had operated upon on a Saturday were able to be about again on the following Monday. In but one case had he found any perceptible discoloration of the urine, although this symptom of carbolic absorption had been carefully looked for in all his cases. He recommended the substitution of the ordinary horse subcutaneous syringe, with a trocar attachment to one of the needles, instead of the ordinary trocar and Sims' ear syringe which Dr. Levis uses. In large hydroceles of long standing the acid does not produce any perceptible effect upon the disease. He spoke of the discomforts and comparatively long confinement attending the operation by incision, even under the most careful antiseptic precautions, as laid down by Volkman. The constitutional disturbance and the local œdema, with occasionally sloughing of the connective tissue, even when the wound has been kept aseptic, make this an operation which should be reserved for those cases onl which are not amenable to other modes of trea ment.

Dr. Strong spoke of the difficulty of keeping Lister dressing on the scrotum after operation There is always less danger of œdema when th scrotum is kept raised.

Dr. Gavin, in injecting hydroceles, uses Delano' rubber bulb syringe, as being more convenient tha the cylinder syringe.

Dr. Marcy had had abscess and sloughing follow the injection of a drachm of liquefied carboli acid crystals. One half that amount has bee found to be equally effectual in curing the hydrocele, and is not accompanied by so great dange of excessive inflammation.

Dr. Cheever never attempts a radical cure old men, but advises them to be content with tappings repeated as often as necessary, as a low form of inflammatory œdema of the scrotum, ending death, is described as peculiar to the aged.—*Boston Med. Journal.*

A CONSULTATION.

An only child, within whose tender life
Centre the fondest hopes of husband, wife
And many friends, seems on the verge of death ;
Convulsed with pain ; with fitful, rapid breath,
Clenched hands, eyes sunken, nostrils stretching wide
He scarce can count the pulse's hasty stride—
He looks at his thermometer amazed,
Its column to a frightful figure raised ;
Ah, you and I have felt this anxious fear,
And wished some able counsellor were near
To aid in such extremity, or bear
Of such responsibility a share.
No time to lose, he summons to his aid
His nearest rival ; time is quickly made,
And Jehu-like, with foaming steed he drives,
And at the moment specified arrives.
In manner brusque, pompous in air and style
He greets his brother with the blandest smile,
With new-found friends shakes hands with relish keen ;
Happy to see them, happier to be seen.
His conversation he directs to these,
With studied effort to attract and please ;
Tells of an anxious case he had last night,
Which by his skill is coming out all right ;
Details his treatment in a learned way,
Bold and heroic as we sometimes say ;
Consults his watch, and softly names the time
When he must see a case with Dr. Prime,
A city lady, wealthy and refined,
Attractive both in person and in mind.
His fine impressions made, he condescends
To interview the doctor and the friends ;
And, ere he sees the case, states his belief
That he can soon suggest a prompt relief.
He quickly scans the case, and feigns to see
At once the lesion and remedy ;
Tells of a dozen cases he has had
Within a year with symptoms quite as bad.
And thus the farce of consultation ends ;
What further he discloses to the friends
We ne'er shall know ; but somehow it transpires,
He gets the case—his brother soon retires.

—Dr. Nye, Cincinnati *Med. Journa*

To Ascertain the Course of the Small Bowel in Abdominal Section.—It is confessedly difficult to distinguish the upper from the lower end of a knuckle of small intestine presenting at an abdominal wound; yet it is often desirable to know this, *e.g.*, when practicing abdominal section for the relief of internal intestinal obstruction, or in attempting duodenostomy, so called. Operators have ere this passed some feet of intestine through their hands, uncertain as to whether they were proceeding upwards or downwards in the direction of the tube.

The jejunum and ileum, loosely moored to the spine by the mesentery, are the districts of the bowel usually in question. The mesentery, at its border, follows the windings of this portion of the gut, and is correspondingly complex; but, on approaching the spine, it rapidly narrows, until, at its attachment along the front of the column, its root is but about six inches in extent. This attachment of the root, extending, it will be remembered, from the left side of the body of the second lumbar vertebra to the right sacro-iliac synchondrosis, follows roughly the middle line of the body, its two surfaces facing nearly right and left.

The relation of the bowel to the root of the mesenters furnishes a sure guide to the direction of the bowel; for, if the piece of bowel which presents at the abdominal wound be held in a line with the body, and the bowel be in its true direction—*i.e.*, the apparently upper end be really so—the hand, passed along the side of the bowel and backwards towards the spine, will be guided by the mesentery—if this last be held out taut from the spine—to the same side of the spinal column. Thus, passed to the right side of the bowel, the hand will be conducted by the mesentery to the right side of the column; to its left side, if passed to the left of the bowel. Here at the mesenteric root, the hand may be passed upwards and downwards, without hindrance. along its attachment. But, should the apparently upper end not be really so, the hand passed to the right of the bowel, will be guided by the mesentery over the left side of the spine; passed to the left of it, it will be guided over to the right side. In explanation, we may look upon the mesentery as a partition dividing the abominal cavity into two compartments, having a simple arrangement of right and left posteriorly at the spine, but complexly arranged towards the free intestinal border.

The above method has been tried, always with correct results, by several of my friends, and by myself, when making post mortem examinations. It seems to me to be worthy of trial on the living, and will, I hope, in some cases, clear away doubt.—*British Med. Journal.*

The Treatment of Abscesses of the Neck.—Dr. John A. Lidell, in a very instructive article on this subject in a number of *The American Jour. of the Medical Sciences* (*Med. Record*), points out that sudden death may occur from deep-seated abscesses of the neck, or the continuance of life may be greatly endangered, much oftener than is generally supposed; and that these abscesses in the neck are more frequently attended with hemorrhages due to the opening of important blood vessels by ulceration or erosion, and by *ramollissement* consequent upon the disorders themselves, then abscesses in other surgical regions. The superior liability of cervical abscesses to the spontaneous occurrence of dangerous hemorrhages arises in part from the greater number and importance of the cervical blood vessels; but more particularly from the inanition and exhaustion, or low state of the constitutional powers, and consequent feebleness of the reparative forces, which rapidly result from most of the deep abscesses of the neck, or rather from the inability to swallow enough food to support life, and from the powerlessness to get any refreshing sleep, or even repose, with which these abscesses are oftentimes attended. The septic or toxæmic influence of the fetid secretions and exudations which present themselves in the aural and faucial cavities, in many instances, also aids materially to still further depress the patient, and weaken the reparative process of his system. These deep seated abscesses of the neck, when allowed to run their own course, do not exhibit any tendency to a spontaneous cure; but, on the contrary, they always tend to destroy life by burrowing or spreading, etc.; and Dr. Lidell shows that the earlier they are laid open and evacuated the better for both patient and surgeon. As soon as fluctuation is discerned, the abscess cavity should, without delay, be freely laid open, the coagula turned out, the bleeding point, or source of the hemorrhage, brought distinctly into view, and the delinquent vessel itself should be ligatured on each side of the aperture in its walls. But should the ligatures cut through, the actual cautery must be applied to the bleeding point, the primitive carotid artery should be firmly compressed against the cervical vertebræ by the surgeon's thumb or fingers applied on the anterior part of the corresponding side of the neck, between the larynx or trachea and the inner border of the sterno-cleido-mastoid muscle, with force enough to press the artery backward and inward against these vertebræ, and flatten it thereon. Should this procedure fail, it will be advisable, especially in cases where the bleeding proceeds from tonsillary abscesses, to ligature at once the primitive carotid artery.

Alum in Whooping-Cough.—Dr. H. Cullimore, M.D. *(Brit. Med. Journal)*, says:—This is a very old and efficient remedy in many parts of the world, as well with the profession as the public. It was the first I ever used, and still, after a fair trial of most drugs, I like it best. It may be given immediately after the cessation of the catarrhal stage, for which small doses of aconite answer best; in fact, as soon as ever the distinctive cough has appeared. I generally give it as follows, though at the same time I should like to say that the belladonna is not necessary:

℞ Aluminis sulph................gr. ii;
Tincturæ belladonnæ..........*m* iii to v;
Tinct. cinchonæ................*m* xii;
Syrupi aurantii....................ʒ ss;
Aquam ad..........................℥ ii. M.

This is given three or four times a day for a child of four years. This mixture has a rough bitter-sweetish taste, and is much relished by children. It also answers well (without belladonna) in convalescence from broncho pneumonia attended with head-sweating and loss of appetite.

The *modus operandi* of alum is not so clear. Dr. Meigs gives a drachm in honey every ten minutes in croup till the child vomits, and in this disease prefers it to all other remedies; and it may possibly be by some action short of emesis that it acts in whooping-cough. I have, however, myself never given it in such doses (which could not be long continued), and am inclined to attribute its utility to its astringent, bracing, and tonic action on the blood and on the mucous membranes of the stomach and air-passages.

Whooping-cough proves fatal in most cases by sub-acute catarrhal bronchitis—a condition which small doses of alum are eminently calculated to prevent and restore.

It is possible, also, from its antiputrefactive properties, that it may exercise some deleterious influence on the *materies morbi*, or what I may perhaps call the germs of the disease. However this may be, alum is an excellent remedy. In the combination above given, I have almost invariably found it to lessen the cough, increase the appetite, strengthen the child, and in the end cure the disease.

Sometimes, however, a hacking spasmodic cough preventing sleep, which no drug seems to relieve, occurs. Here, one or two teaspoonfuls of brandy, or less according to age, with a double or fourth part of hot water and very little sugar, answers remarkably well.

Forced Respiration in Phthisis.—Dr. J. Solis Cohen has been favored by his friend, Dr. John C. Berry, of Okayama, with the following summary of an article on Forced Respiration, by Dr. Kashimura Seitoku, of Tokiyo, from the *Koi Geppo:*

Reference is first made to the prevalence of the disease in Japan (twenty-four per cent. of all the deaths being due to consumption, of the lungs); on the importance of treating the disease early ("beneficial effects only following *early* treatment") and the uselessness of much of the treatment now generally advised. "Creasote, benzoate of soda, salicylate of soda, etc., are all quite useless," "while cod liver oil and malt, iron and malt, and tonics generally, are of little or no use."

"The plan I propose requires no medicines, no apparatus, no money, no physician, no nurse." * * * "It is simply to observe forced respiration twice daily, breathing about one hundred times at each exercise, and compressing and expanding the chest walls, after the method of Gerhart. During this exercise, the arm corresponding to the sound lung should be pressed against *its* side, while that corresponding to the side of the diseased lung should be extended high above the head during respiration, and lowered and pressed firmly against the side and front of the chest during expiration."

"Instead of the above, the author first adopted the plan of having the patient swing heavy weights, but as this frequently gave rise to hemorrhage it was abandoned for the more moderate and efficient exercise above referred to. The swinging of weights, however, is thought to possess advantages, if not too vigorously observed."

"In contraction of the lung from pleuritis, the position in sleep should be *on* the *well* side—the diseased lung thus being placed uppermost in order to admit the air freely."

Two illustrative cases are then given.—*Philadelphia Polyclinic.*

Deep and Rapid Breathing.—Breathe deeply and rapidly for two or three minutes and you will be surprised how long you can "hold your breath" without even wishing to breathe. This is probably the secret of the "man-fish" who frequently exhibits himself in museums, etc. His feat is to remain under water an astonishing length of time.

The composition of nitrous oxide (laughing gas) is the same as common air, except that it has a larger proportion of oxygen; and its anæsthetic effect is thought to be due to its oxygen. Deep and rapid breathing, by supplying an excess of oxygen to the blood, has been found to be an anæsthetic of considerable value. Many operations rendered painless by this measure have been reported. We wish to suggest that this forcible "ingestion" (oxygen is a gaseous food) may be made a valuable therapeutic procedure. Habitual deep breathing will doubtless benefit many cases of anæsmia, malnutrition, etc., provided that the air be pure. Indeed, we can scarcely imagine any abnormal condition that might not be benefitted in this way. Those persons who lie awake at night and toss about restlessly, vainly trying to go to sleep, will find deep and rapid breathing for several minutes to be a sweet and grateful composer.

Forced feeding has recently been very successful in the treatment of nervous and other maladies.

Surgical Follies—The *Med Age* gives the following abstract of a paper read by Dr. J. B. Roberts, Philadelphia, before the Westchester Medical Society, and published in the Polyclinic. He points out what he considers to be follies in connection with surgical procedures. He calls them the ether folly, the incision folly, the sponge folly, the styptic folly, the suture folly, the adhesive plaster folly, the dose folly, etc.

The ether folly is almost universal. It consists in allowing the inhalation of atmospheric air with the vapor of the ether, as it is proper to do when giving chloroform. In giving ether the napkin holding it should not be removed from the patient's nose and mouth. When it is necessary to replenish the anæsthetic the corner of the napkin should be turned up and a fluid ounce of the ether dashed upon it, or it may be poured on the outside of the napkin and covered with a large dry towel. The pure ether vapor must alone be inhaled to secure its best effects. The only exception to this rule is when blueness and congestion of the faee occur as a result of spasm of the respiratory muscles. Usually one deep inspiration will be sufficient to relieve this, when the napkin should be immediately replaced. Squibb's ether is in no way superior to that of other reputable manufacturers.

The incision folly consists in making a cramped cutaneous incision, instead of one sufficiently large to fully display the tissues needing examination. A cut of the skin three inches long is no more dangerous than one two inches long. In opening abscesses a free cut is more satisfactory than the mere puncture or button-hole incision.

The sponge folly consists in the employment of sponges which have done previous service. They are seldom or never properly free from septic matter. To obviate this danger napkins or towels are to be employed instead of sponges. Japanese paper napkins answer a very useful purpose. Absorbent cotton is valuable but it is expensive, and besides it is apt to leave filaments entangled in the wound.

The styptic folly is also a very common one. Alum, tannin, and that vilest of all styptics, Monsel's solution, prevent or delay union by first intention by irritating the edges of the wound and preventing their coaption. Except when a large vessel is severed pressure is all that is demanded. When such a vessel is divided ligation, torsion or acupressure should be employed, but under no circumstances styptics.

The suture folly. The old idea that sutures should not be employed in the scalp has been long exploded but still another folly exists in connection with sutures, and that is that silver wire only should be employed for suturing purposes. Iron wire is equally valuable and much less expensive. A nice iron wire can be bought for five cents a spool. If it becomes a little rusty, it can be rubbed clean in a moment, should the operator object to the presence of a small amount of oxide of iron in the wound.

The adhesive plaster folly is prevalent. The enveloping of a stump or the covering up of an incision with adhesive plaster prevents drainage, is uncleanly and does no good. Adhesive plaster has little or no value in surgery, except for making extension, and preventing motion in cases of fracture.

Sponges, styptics, and silver wire are useless and worse than useless, and their banishment will be a long stride in the progress of surgery.

The dose folly consists in the exhibition of an insufficient quantity of medicine. It should more properly be called the *small dose* folly. Of what use is a sixteenth or an eighth of a grain of morphia to a man in severe pain? Give him a quarter or even a half grain, and repeat if necessary. And what is true of morphia is true of all other drugs—quinine, atropia, strychnine, digitalis, mercury, pilocarpine, etc.—they must be given with a bold hand to produce their effect. First, be sure of your diagnosis and then go ahead. Many surgeons fail to cure because of the tentative use of drugs which comes of uncertainty of diagnosis.

Another surgical folly is the local use of nitrate of silver for the intended destruction of a virus or for the disintegration and removal of fungous or malignant tissue. Nitrate of silver, though popularly called "caustic" is not a caustic; it is a mere irritant, scarcely more active than tincture of iodine. The caustics to be used by surgeons for the purposes mentioned are chromic, nitric, carbolic and acetic acids, potassa and similar active drugs and the hot iron. Under many circumstances the best *caustic* is a sharp scalpel.

Nitrite of Amyl in Uræmic Asthma.—Dr. S. C. Smith, of Halifax, in the *Brit. Med. Jour.*, June, 1883, p. 1115, in referring to the usefulness of nitrite of amyl in allaying the paroxysms of uræmic asthma, says that in its very power lies its danger; for it often gives such relief, even in desperate conditions, that a feeling of false security is apt to be engendered, and thus, instead of the asthma being accepted as a most urgent warning of danger, the facility of getting relief is taken as a permission to throw aside restraint. The author points out that there are several kinds of dyspnœa but only in one group of cases does nitrite of amyl produce any relief, and those are attacks of cardiac dyspnœa, due to failure of the heart; in these cases the seriousness of the attack is often overlooked, and the ease so rapidly obtained should not be taken as proving the neurotic origin of the attack, the case being really one of failing heart; hypertrophy has done what it can, and is no longer able to overcome spasm of the arterioles. A warning ought to be taken, so that a life free from worry and excitement may be lived by the patient, with careful attention to diet and regular habits, and the steady employment of small doses of iron and digitalis.—*The London Med. Record.*

Blister for Cough.—Prof. James Tyson, M.D.. of the University of Pennsylvania, in the *Medical Times*, says: The very best medicine, and often the only one which will accomplish the result, is a blister. We have now in our wards a case of consumption in which the cough was most troublesome for six or eight weeks, and cough medicines of all kinds had failed; but in twenty-four hours the symptom was relieved by a blister.

[Better than the blister, is this:

℞ Morph. acetat	gr. iij;
Acidi hydrocy. dil	ʒ j;
Syr. tolut	℥ iij.

M. Ft. sol. S. A teaspoonful as often as cough demands.

The medicine should be kept in a dark bottle well stoppered. Some cases will require more and some less morphia and prussic acid, but this is a benign remedy. The blister and croton oil are well for pain, but should be a last resort for cough. Where mucous secretion is deficient, iodide of potassium is the remedy. Where strength to raise the sputa is deficient, ammonia, alcohol, and coffee are the remedies.]—*Louisville Med. News.*

Compound Fracture of the Humerus Involving the Shoulder Joint.—Dr. L. A. Stimson, *(New York Surg. Soc.)* presented a man, thirty-five years of age, who fell two stories, striking his arm, while on the way down, upon a railing, and producing a compound fracture of the upper end of the humerus, communicating largely with the shoulder joint, the wound extending from the coracoid process across the upper part of the arm. The wound was washed with a bichloride solution, one to two thousand, partly closed by sutures, two drainage-tubes were inserted, and anti-septic gauze was applied. The interest in the case was confined to the plaster dressing which was used. It was a combination of plaster dressing upon the arm and a plaster jacket upon the body, united by three iron cross-pieces, which held them so firmly that the patient could be moved or turned in any direction without producing pain. Rapid recovery took place with a movable joint.—*N. Y. Med. Jour.*

Extirpation of Cancerous Uterus. — Dr. A Reeves Jackson (*Gynecolog. Trans.*) summarizes an investigation of this subject by the following propositions:

1. Diagnosis of uterine cancer cannot be made sufficiently early to insure its complete removal by extirpation of the uterus.

2. When the diagnosis can be established, there is no reasonable hope for a radical cure; and other methods of treatment far less dangerous than excision of the entire organ are equally effectual in ameliorating suffering, retarding the progress of the disease, and prolonging life.

3. Extirpation of the cancerous uterus is a highly dangerous operation, and neither lessens suffering—except in those whom it kills—nor gives reasonable promise of permanent cure in those who recover. Hence it fails in all the essentials of a beneficial operative procedure, and should not be adopted in modern surgery.

Dictionary of Surgery.—Mr. Christopher Heath has undertaken to edit for Messrs. Smith & Elder, a "Dictionary of Practical Surgery," on the lines of Quain's Dictionary of Medicine, which has scored such a satisfactory success. The new dictionary is to be a compendium of the practice of surgery of the present day, readily available for reference by the busy practitioner, and it is hoped that it will be published within two years from now. The articles will be signed and will be expressed as concisely as possible, historical details being omitted, the question of pathology only discussed when absolutely necessary. The profession will look forward with great interest to the publication of this work, which is much wanted, and which will no doubt fully come up to the expectations which all who know its editor will have formed of it.—*Med. Times and Gazette.*

The Dry Mouth of the Lithomist.—At a recent clinic, Prof. Brinton said that an attendant of lithotomy is dryness of the surgeon's mouth, similar to that produced by belladonna; and Prof. S. D. Gross remarked: "It is peculiar to the operation for stone; I have often felt it." A thesis showing the relation of a stone in one man's bladder to the salivary glands in another man's mouth would probably take the Lea prize.—*Col. and Clinical Record.*

Hope's Mixture.—This mixture is one commonly employed in the Southern States for simple diarrhœa.

℞—Aqua camphoræ,	℥ iv.
Tinct. opii,	gtt. xl.
Acid nitricum,	gtt. iv.—M.

Sig.—Tablespoonful every three hours.—*Med. Student.*

Cough Mixture.—

℞—Ammon. mur.,	ʒ ij.
Morph, sulph.,	gr. j.
Tr. aconit. rad.,	♏ xvj.
Ext. belladon.,	fl. ♏ v.
Ext. glycyrrh.,	℥ j.
Syr. tolut.,	℥ j.
Aq. ad.,	℥ iv.—M.

Sig.—ʒ j. every three or four hours.

THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science Criticism and News.

☞ *Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.*

AGENTS.—DAWSON BROS., Montreal; J. & A. MCMILLAN, St. John, N.B.; GEO. STREET & Co., 30 Cornhill, London, Eng.; M. H. MAHLER, 23 Rue Richer, Paris.

TORONTO, MAY, 1884.

The LANCET *has the largest circulation of any Medical Journal in Canada.*

COMPARATIVE DURATION OF LIFE.

Mortality tables are now so full, complex and accurate as to deserve to be ranked as a science. Several circumstances have combined to bring about this degree of perfection, the principal of which are the needs of insurance companies. Capital is ever wide-awake, and wherever we find countless millions engaged in fierce competition, we may rest assured, that neither money nor labor will be spared to explore the particular field of operations. The vast and growing interests of life insurance, and the keen competition which has grown up of late years, demand the fullest possible information regarding the duration of life, under all the phases and conditions of modern civilization. Governments also are important contributers to this statistical fund. Sanitarians too have borne a conspicuous part in the work. The net result is, that man's life from the cradle to the grave is mapped out, defined and tabulated with such mathematical precision as almost to make life and money convertible terms. Even a superficial examination of the tables reveals some queer and interesting facts. We shall not proceed far in our study of them before we see the bottom dropping out of some cherished idea, and discover the wide difference between facts and fancies.

The preservation of life being nature's first law, it is pleasing to learn that the average age of man is on the increase. During the last half century the duration of life in England has advanced seven per cent. There is great reason for believing that another half century will add at least seven per cent. more. From this it would appear that man, in some measure at least, presides over the external conditions which conspire to cut short his earthly pilgrimage. Here we naturally recall the words of Scripture, "There is an appointed time for man upon earth," and that interpretation of these words which attaches a fatal fixity to the duration of human life. The hackneyed phrase, "His time was come," is often used to condone neglect on the part of relatives, or to cover the retreat of the physician, but it is more often used to express belief in a determinate limit to man's time upon earth.

That mortality is decreasing, and longevity becoming more and more assured, are great and pleasing facts, whatever may be the cause of final dissolution, whether the accidental pressure of external causes, want of physical organic harmony, or a predestined purpose. It is perfectly plain that the food we eat, the clothes we wear, the houses we live in, the air we breathe, and the life we lead, are all elements of life or death, accordding as they are good or bad. If not, then, vain indeed, is all medical and sanitary improvements, and in vain have the wheels of science been revolving all these weary years. Let us rejoice that disease is no longer regarded as a special and mysterious providence. Men of all shades of opinion now regard it as a thing very largely preventible, and in no small measure subject to human control. Superstition and dusty dogmas die hard, but they must yield before the glare of universal knowledge. Health and life, and not disease and death, are what mankind ardently wish for. The process of dying stands correlated to the process of living, yet the impulse to ward off death is so strong, that life is the first law of our nature.

> "'Tis life whereof our nerves are scant,
> Oh, life not death, for which we pant!
> More life and fuller that we want."

After the general fact that the duration of life is increasing, perhaps the next most interesting information gathered from mortality tables, relates to the view we get of the beginning and end of life. Viewing one end of the bridge of life as pictured by Addison in the Vision of Mirza—a bridge in the midst of the tide, having three score and ten arches, with several broken arches, making a total of about one hundred—viewing this bridge at one end we see it covered with millions of children, among whom are more boys than girls. Extending our vision to the other end we behold a handful of aged people, the number of women exceeding that of the men. This latter fact, woman's longevity exceeding man's, is one of the things that never would occur to an ordinary mind. We regard woman as the weaker vessel, exposed to the trying ordeals of maternity, the victim of many fatal diseases from which men are exempted, and needing and receiving man's love and tenderest care. This fact is all the more surprising when we remember that the males start out with a surplusage of nearly ten per cent., even though half of this is lost before life is really begun, the number of still-born males greatly exceeding that of females. The first five years show a male mortality of 7.216 per 1000 to 6.016 of the females. During the first ten years 46½ per cent. of all born pass off the stage. During this period boys suffer greater mortality than girls. The period between ten and twenty years, we are told, is the only period in which there is an excess of female mortality. This is the period of sexual development and excitement. Between fifteen and twenty, females are peculiarly exposed to phthisis. Between twenty and forty is the highest period of mortality in adult life, in both sexes; it is also the period of child-bearing, and the time when we would naturally look for an excess of female over male mortality, but the figures actually show the reverse of this. At the close of this period, namely, between 35 and 40, Finlayson shows that out of 100,000 persons there will die 7042 males and 6959 females, and between 40 and 45, Ostend says the numbers are 11,107 males and 7,094 females. Marriage increases the duration of life of women. The mortality resulting from child-bearing, Tarnier puts as low as one-third of one per cent. The climacteric period, contrary to general belief, is not attended with unusual mortality. The "change of life" produces functional derangements, we know, but the belief that women are more liable at this period to be attacked by fatal diseases is clearly and fully contradicted. On arriving at the farther end of the bridge, we still find women numerically stronger. The number of women who live to over 80 are about as 2 to 1 compared with men. The statistical tables of New York for ten years, among deaths of centenarians, give seventy-two females and nineteen males. Women's dangers in child-bearing are more than counterbalanced by the injuries to which man finds himself exposed in the pursuit of his daily avocation. How woman manages to remain "to hold the fort" after her lord and master has made his exit, affords food for further reflection.

MEDICAL ASSOCIATION MEETINGS.

The association meetings of the profession this year bid fair to outrival those of any other year in the history of medicine. Both at home and abroad there is every prospect of large gatherings and interesting meetings. The meeting of the British Association for the advancement of science, will be held in Montreal, beginning on the 27th of August, and it has been arranged by the President (Dr. Sullivan), and the local committee, that the meeting of the Canada Medical Association, which is also to be held in Montreal this year, shall take place on the 25th, 26th, and 27th, so as immediately to precede the former meeting, and thus give members an opportunity of seeing and hearing the leading scientific men of Great Britain. A large number of the members of the British Association above referred to, are medical men, and it is expected that many of them will attend the meeting of the Canada Medical Association. This will greatly enhance the interest in both meetings, and we trust the members of the Canada Medical Association will show their appreciation by being present in large numbers, so as to make the meeting a success in every respect. The Ontario Medical Association, under the presidency of Dr. Daniel Clarke, Toronto, will hold its annual meeting in Hamilton on the 4th and 5th of June, and promises to be more than usually successful. A number of delegates are expected from various kindred associations, among others Drs. Hopkins, Vanderpool and Howe, from the New York State Society. Our brethren from the neighboring Republic will be cordially welcomed by the members of the Association, whom we hope to see present in large numbers

The American Medical Association, under the presidency of Dr. Austin Flint, sr., will hold its 35th annual meeting in Washington, commencing on the 6th of May. This is the first year since the establishment of the Journal of the Association and some degree of interest will be manifested in the nancial success of the undertaking. The charac- er and general matter of the journal itself, it must e conceded, has not met the just expectations of s friends, and some change will require to be ad. in the management if the journal is to oc- py the position which its projectors intended.

The Baltimore and Ohio railway will run a spe- al train from Chicago to Washington, on Sunday May 4th, at 3 p.m., at single fare, for the round rip.

The fifty-second annual meeting of the British Medical Association will be held in Belfast, July 9, 30, 31, and August 1st, under the presidency f Prof. Cuming, M.A., M.D., of Queen's College, Belfast. The address in medicine will be delivered y Sir Andrew Clark; in obsteteics by Geo. H. Kidd, M.D., of Dublin, and in physiology by Prof. Red- ern, M.D., Belfast. The time of the meeting has een fixed so as not to interfere with the meeting f the International Medical Congress, which eets in Copenhagen on the 10th of August. Visitors after attending the meeting of the British Medical Association, will have ample time to travel o Copenhagen. A steamer will leave Hull (Eng- and), on August 2nd and 9th, and Leith (Scot- and), on August 5th, for Copenhagen. There are ther routes, but these will be found most con- venient.

PUBLIC HEALTH.

The profession has displayed unusual activity in nd about the Parliament buildings in Ottawa lately, ith reference to the question of Public Health. As a result of the deputations, representing the rofession throughout the Dominion, that have in- erviewed the Government during the past few ears, a scheme is in force in all the large towns r collecting mortuary statistics as a beginning in hat important work. Overlooking this fact, and gnoring (though not intentionally) the body that as hitherto conducted the work, a meeting of the rofession in Ottawa was recently held, at which a esolution was passed favoring the plan of collect- ng statistics referred to in our last issue, and a elegation was appointed to wait on the govern- nent and bring it under their notice. The plan roposed is an enlargement of the one now in orce—its work being extended to the rural dis- ricts, the returns to be made by a practitioner in ach district.

During the session of the Sanitary Convention a meeting of the visiting and resident physicians was held and the subject fully discussed. Upon the information that the Public Health Committee of the Canada Medical Association was in consultation with the government and at present was formulating a scheme to be presented at the next meeting to be held in August, the following resolution was passed and communicated to the government:

"That further consideration of any legislation in "connection with public health be deferred until "after the next meeting of the Canada Medical "Association, in order to give the committee of "that body time to report."

A third deputation subsequently interviewed the members of the government representing the Quebec Sanitary Association, which has recently been formed among the French physicians of that Province. The object of this deputation was to solicit state aid for a French journal similar to that received by the journal published in Ontario.

It is very much to be regretted that so many deputations, representing separate interests, should wait upon the government. As long as this continues nothing will be accomplished. It would be infinitely better were all to unite with those who have hitherto been recognised as the leaders in this movement. Their representations would then command that attention to which they are so fully entitled.

TRINITY MEDICAL COLLEGE.—The following gentlemen have successfully passed the professional examination in the different years:

FELLOWSHIP DIPLOMA.—W. M. Brown, *Gold Medallist*, E. H. Williams, *1st Silver Medallist*, G. Fierheller, *2nd Silver Medallist*, S. A. McKeague, G. A. Bingham, G L. Airth, R. Ovens, A. D. Lake, *Certificates of Honor;* J. E. W. Anderson, James E. Brown, O. M. Belfrey, J. C. Bell, D. A. Carmichael, W. J. Chambers, J. M. Cochrane, S. M. Dorland, P. N. Davey, A. V. Delaporte, E. T. Eede, D. Gow, A. Gillespie, E. N. Hall, W. S. Harrison, G. L. Johnston, T. H. Johnston, J. Johnston, T. M. Lawton, T. H. Mott, J. Standish McCullough, J. Stuart McCullough, T. McCullough, C. J. McIntyre, A. McKillop, T. Ovens, J. Park, W. E Sprague, A. K. Sturgeon, A. Scott.

PRIMARY.—E. H. Williams, S. Scott, A. Graham, R. Lucy, W. H. McKague, O. M. Belfry, E. N. Fere, *Certificates of Honor;* J. M. Simmons, F. H.

Brennan, C. Lapp, D. C. Throop, W. H. Charlesworth, J. McC. Cleminson, W. V. Lynch, N. Allen, G. J. Dickison, J. G. Harper, H. J. Roberts, C. N. Sanford, O. Totten, P. E. Doolittle, J. F. Housberger, A. F. Bauman, C. S. Haultain, H. W. Hoover, W. W. Hay, L. Brock, A. M. Ewing, W. A. Williamson, A. B. Eadie, J. Evans, J. J. Cassidy, H. W. Darrell, W. W. Coldham, T. S. Farrar, R. West, W. W. Van Velsor, E. A. Fillmore, F. C. Hood, A. K. Sturgeon, A. C. Woodley, J. S. McCullough, J. H. Kilgour, W. H. Hamilton, W. O. Scott.

The following have passed on three or more subjects, H. S. Bingham, C. E. Stacey, T. M. Robinson, W. A. Wilson, and H. J. Caldwell.

Scholarships.—*First Years' Scholarship.*—1st, Jas. McLurg, 2nd, John McLurg; *Certificate of Honor*, J. Hamilton; *Second Years' do.*, S. Scott; *Third Years' do.*, J. R. Logan.

McGill University, Montreal.—The following is a list of the successful candidates in this University:—

M.D.,C.M.—W. A. Ferguson, B.A. *Holmes Gold Medallist*; J. P. McInerney, *Prizeman*; G. A. Graham, R. F Ruttan, B.A., W. G. Johnston, E. J. Elderkin, T. B. Davies, *Honorable Mention;* J. L. Addison, Jos. A. Barrett, Hy. J. Clarke, John R. Church, Sheldon E. Cook, John A. Duncan, C. E. Gooding, Jas. A. Hutchison, C. H. Johnson, Patrick N. Kelly, Thos. H. Landor, J. H. McLellan, Wm. McClure, G. N. McLean, John C. Meahan, David B. Merritt, W. M. F. Nelson, Timothy O'Brien, Wm. Porteous, W. Scott Renner, L. D. Ross, Geo. B. Rowell, E. H. Smith, W. A. De W. Smith, H. E. Smyth, Felix D. Walker, S. F Wilson, M.A.

Primary.—S. Gustin, *Prizeman;* J. Elder, *Sutherland Gold Medallist*; N. G. Powne, H. S. Birkett, J. A. Kinloch, J. Elder, W. W. White, W. J. McCuaig, W. C. Crockett, G. H. Raymond, John L. Duffet, C. W. Wilson, F. J. Seery, G. B. Rowat, A. R. Turnbull, E. P. McCollum, and G. F. Palmer, *Honorable Mention;* J. H. Armitage, D. A. Cameron, D. Corsan, J. L. Clark, M. A. Craig, W. W. Doherty, Thos. M. Gairdner, J. B. Gibson, Geo. J. Gladman, J. H. Y. Grant, P. H. Hughes, H. J. McDonald, Thos. G. McGannon, J. W. McMeekin, J. M. McKay, A. T. Platt, W. P. Pringle, A. Raymond, F. D. Robertson, A. T. Schmidt, W. A. Smith, F. J. White, D. J. Wishart, A. N. Worthington.

Botany prize, 1st year, N. E. Powne and J. E. Gray; *Practical Anatomy*—1st year, D. L. Ross, 2nd year, H. S. Birkett; *Pathology*—E. C. Wood, *Prize*, F. G. Finley, *Honorable Mention.*

Trinity University.—The following is a list of the candidates who received degrees and honors at the recent convocation at this University. Th gentlemen were all students of Trinity Medica School.

M.D.,C.M.—E. H. Williams, *University Gol Medallist*, W. M. Brown, J. L. Davidson, G. A Bingham, *Certificates of Honor;* G. Fierheller. E A. Hall, G. L. Airth, J. Johnston, J. Standish McCullough, S. A. McKeague, F. H. Johnston, D Gow, A. Gillespie, S. M. Dorland. W. S. Harrison E. J. Eede, J. M. Cochrane, A. D. Lake, A. McKillop, W. E. Sprague, Jas. S. McCullough, R Ovens, T. Ovens, G. L. Johnston, W. J. Chambers P. N. Davey, T. H. Mott, T. McCullough, O. M Belfry, J. C. Bell, E. Furrer, A. V. Delaporte, J E. Brown, J. E. W. Anderson, J. Park, E. A. Fillmore, J. H. Kilgour, A. V. Sturgeon, J. C. McIntyre, T. M. Lawton, D. N. Carmichael, W. H Hamilton, W. O. Scott, A. Farncombe.

The following gentlemen who had previousl received the degree of M.B. were also admitted t the degree of M.D., C.M.—W. H. Macdonald, F Canfield, A. J. Gaviller, W. W. Geikie, W. T Harris, D. McLeod, H. Robertson, A. M. Baines T. C. Cowan, A. Davidson, S. W. Lamoreaux, H Meikle, T. McK. Milroy, J. C, Mitchell, J. B Gullen, E. M. Hoople, E. B. O'Reilly, J. T. Sutherland, E. R. Wood.

Victoria College.—The following gentlemen have passed the professional examination in this University:

M.D., C.M.—A. C. Smith, G. H. Carveth, H. Bascom, C. M. Forster, T. W. Simpson, G. A. Cherry, J. E. Elliott, H. S. Martin, D. Campbell, E. F. Hixon, L. G. Langstaff, A. Sangster, S. E. C. McDowell, A. T. Rice, C. W. Hunt, G. S. Wattam, J. H. Joliffe, J. O. Orr, W. A. Robertson, J. W. Campbell, A. Broadfoot, E. Beemer, J. R. Phillips, C. W. Chaffee, J. H. C. Willoughby.

Primary.—W. J. Parry, J. E. Pichard, W. C. Heggie, H. A. Wright, W. C. McKinnon, W. J. Teasdale, J. A. Rutherford, J. R. Dales, D. M. Williams, W. H. Wright, G. Siminton, C. E. Lawrence, L. L. Hooper, C. J. Smith, J. M. Forster, P. P. Park, G. Sanson, C. A. Hodgetts, E. E. King, G. A. McDiarmid, L, G. Smith, A. McGillivray, T. J. McDonald, S. West, R. J. Wood, A. B. Riddell, W. R. Baker, C. J. Hastings.

College of Physicians and Surgeons, Ont.—The following candidates have successfully passed the Council examination:—

Final.—J. L. Addison, J. E. W. Anderson, G A. Bingham, Elizabeth Beatty, F. D. Canfield, G. H. Carveth, J. W. Clerke, D. Campbell, J. M. Cochrane, E. M. Cook, R. Coughlan, W. N. Davis. H. R. Duff, J. S. Draper, J. E. Elliott, G. Fierheller, C. M. Foster, R. N. Fraser, J. Ferguson

E. C. Fielde, W. R. Hall, E. F. Hixon, W. H. Hamilton, C. W. Hunt, John Herald, E. A. Hall, G. L. Johnston, John A. Jones, F. H. Johnston, F. D. Kent, L. G. Langstaff, A. D. Lake, H. S. Martin, T. H. Mott, A. F. McKenzie, Alice McGillivray, J. O. Orr, T. Ovens, J. Park, J. W. Patterson, A. F. Pringle, L. G. Routhier, W. N. Robertson, A. T. Rice, R. F. Ruttan, W. O. Scott, G. Shoults, A. Sangster, R. A. Smith, W. E. Sprague, S. Stewart, J. Spence, D. M. Staebler, R. L. Stewart, J. F. Stirling, Elizabeth Smith, H. E. Webster, W. J. Young.

Primary.—J. E. W. Anderson, A. W. Bigelow R. M. Bateman, C. H. Britton, H. S. Birkett. L. Black, John Barber, F. D. Canfield, E. M. Cook, J. J. Cassidy, H.C.Cunningham, L. F. Cutten, J. M. Clemminson, W. H. Charlesworth, W. N. Davis, P. E. Doolittle, J. R. Dales, A. W. Dwyer, G. J. Dickson, A. H. Edmison, E H. Earle, W. M. English, A. B Eadie, D. D. Ellis, C. M. Foster, Jas. Ferguson, H. B. Ford, E. C. Fielde, J. H. Y. Grant, A. Graham, W. R. Hall, W.H. Hamilton, H. J. Hamilton, W C. Heggie, P. H. Hughes, W. W. Hay, D. R. Johnston, John A. Jones, W. A. Kyle, W. V. Lynch, C. Lapp, A. T. Little, Robt. Lucy, W. Logie, M. Mather, L. J. Mothersill, S. J. Mellow, J. Marty, T. H Mott, W. H. McKague, G. McKenzie, N. McCormick, C. T. Norcker, A. B. Osborne, J. Park, J. W. Peaker, J. E. Pickard, G. A. Peters, W. T. Parry, L. G. Routhier, A. T. Rice, D. G. Kissell, J. A. Rutherford, Helen Reynolds, W. O. Scott, Geo. Shoults, A. M. Shaver, G. Simenton, G Samson, D. M. Staebler, C. F. Snelgrove, C. M. Sandford, C. E. Stacey, W. E. Sprague, J. A. Stirling, Stuart Scott, R A. Smith, C. J. Smith, J. N. Simmons, L. W. Thompson, O. Totten, G. Veitch, W. A. Wilson, W. H. Wright, D. J. G. Wishart, W. J. Weekes, F. Winnett, W. J. Young.

Assessment Dues.—The Ontario Medical Council is now taking active measures to collect the arrears of assessment. No doubt the Council feels some reluctance in taking active steps, as the members of the College, in arrears, will be put to unnecessary expense, as happened with the cases that were placed in court for collection a short time ago, the costs in some cases amounting to as much as the claim. The clause in the act bearing on this point (sec. xxvii.) reads as follows :—" Each member of the College shall pay to the Registrar, or any person deputed by the Registrar to receive it, such annual fee as may be determined by by-law of the Council, not less than one nor more than two dollars, towards the general expenses of the College, which last mentioned fee shall be payable on the first day of January, in the year in which the same is imposed, and such fee shall be deemed to be a debt due by the member to the college, and be recoverable with costs of suit, in the name of the College of Physicians and Surgeons of Ontario."

Perpetual Injunction.—In the U. S. Circuit Court, Maryland, it was decreed. on the 10th of March, 1883, that a perpetual injunction be issued against Louis E. Wetter, and others, restraining them from imitating the labels of the Rumford Chemical Works. It was also decreed that the plaintiffs be entitled to receive the profits which had been diverted by reason of the infringement, and the defendants were ordered to pay all costs. Not long since, several parties were heavily fined for violating the injunction of the Supreme Court restraining all persons from offering for sale " Acid Phosphate " (so called) in any package which shall be a substantial or colorable imitation of Horsford's Acid Phosphate.

Maltopepsyn. — We notice with pleasure the large and increasing demand for maltopepsyn by the medical profession, and congratulate Mr. Hazen Morse upon having met with such gratifying success. Maltopepsyn is undoubtedly one of the most valuable aids to digestion we have, which fact has been attested by most of our leading practitioners. It has also met the approval of the profession in England, some five thousand bottles having been used there during the past year. We cordially recommend it to our medical brethren as a thoroughly reliable remedy, and valuable in the treatment of cholera infantum, and other infantile ailments, etc.

A Caution.—Dr. Walton, of Parry Sound, sends us a letter cautioning his brethren in the profession against an advertisement in the Toronto papers, stating that there is a good opening in that place. Two medical gentlemen have already, at considerable expense, visited the place, and after a stay of a few days, left in disgust. Parry Sound is a small village on the Georgian Bay, and there are not upwards of forty farm houses within a radius of ten miles. The motives which prompted the insertion, he avers to be mere personal spite and political animosity on the part of a certain individual.

Calcium Sulphide in Diabetes.—This remedy has been introduced in the treatment of diabetes mellitus. In an article in the *N. Y. Med. Journal*, Dr. Caldwell speaks in very high terms of its efficacy and alludes to other physicians who have used it with excellent results. Dr. N. C. Husted. who was himself afflicted with the disease made a complete and lasting recovery under its use. Drs. Flint, Lellman and others have also had good results from its administration in this affection.

Chloride of Sodium in Pleuritic Effusion.—A case was reported recently in the *British Med. Journal*, in which the rapid absorption of pleuritic effusion had been accomplished by the administration of half-drachm doses of chloride of sodium every hour. All fluids were at the same time forbidden the patient. There was great dyspnœa with cyanosis and the patient refused aspiration. Improvement under the above treatment was noticeable within two hours, and in six or eight hours the cyanosis had disappeared entirely.

Electric Batteries. — The Jerome Kidder Manufacturing Co., of 820 Broadway, New York, received the "Medal of Superiority" from the American Institute, in the fall of 1883, over three competitors, for their superior Electro-Medical Apparatus. This old established house needs no commendation for the excellence both of design and manufacture, which render their machines a standard of quality all over the country.

Hot Milk as a Restorative.—A writer in the *Medical Times and Gazette* recommends the use of hot milk as a restorative. Milk when heated above 100° F. loses its sweetness and density, but has a most beneficial influence over mind and body when exhausted by labor or mental strain. Its effects are more invigorating and enduring than those of alcoholic stimulants.

Hot Lemonade for Diarrhœa.—Some people prefer hot lemonade to the usual form, but it is only recently that we have seen it recommended in diarrhœa. Dr. Vigouroux recommends a glass of *hot* lemonade every hour, or half hour, as an easy, agreeable, and efficient treatment for diarrhœa.

Opium in Abortion.—Prof. Parvin, of Philadelphia, says that the best mode of giving opium to prevent abortion is by the rectum. He gives from twenty to thirty drops of laudanum, and repeats it as often as necessary.

Resignations.—Prof. Alfred Stillé has resigne the chair of Materia Medica and Therapeutics the University of Pennsylvania, after twenty year incumbency. Dr. D. Hayes Agnew has resigne from the staff of the Pennsylvania Hospital.

The citizens of Montreal having subscribe $50,000 towards the endowment fund of McG Medical Faculty, Hon. D. A. Smith has fulfille his promise of granting $50,000 to the same objec

Coroner.—Dr. D. M. Fisher, of Wiarton, ha been appointed coroner for the County Bruce.

The Death of Prince Leopold.

In common with our fellow-subjects at home and abroad, it becomes our painful duty to record the death of Prince Leopold, Duke of Albany, the youngest son of our beloved Queen. The sympathy for Her Majesty and the bereaved Duchess which his sudden death has evoked, shows the deep loyalty and affection of the nation towards the Royal family. The late Prince was especially one to whom the nation looked with assurance of ready aid in all questions involving moral and intellectual progress. No authentic report of the cause of his sudden demise has as yet been published, and no autopsy appears to have been made. It has been currently reported that he was the subject of the hemorrhagic diathesis, and that the immediate cause of death was a convulsion. The London *Lancet*, in commenting on his death, pays a graceful and becoming tribute to his lamented father the Prince Consort, whom he is said to have much resembled in features and in mind. He was much endeared to all classes of the people by his kindliness of manner, generous sympathy, cultivated tastes and scholarly intelligence. His sudden demise on the threshold of a life rich in promise of future usefulness, when he was beginning to be loved and held in homage, not only for his illustrious rank, but also for his own natural good qualities, has cast a sad gloom over the entire nation, which will not soon be dispelled.

Books and Pamphlets.

ctionary of Medicine including General Pathology, Therapeutics, Hygiene, and the Diseases of Women and Children by various authors, edited by Richard Quain, M.D., F.R.S. London, Eng. Fourth edition. New York: D. Appleton & Co.

We have been favored with a copy of this excelnt work by the publishers, and have had much easure in looking over its contents. The work already well and favorably known to many leadg members of the profession. To those who ave not been acquainted with former editions, we ould say that it is a most useful and convenient ork for reference at all times. The articles are itten by some of the most eminent men in the rofession, the list embracing such names as Adams, iken, Balfour, Bastian, Bennett, Bristowe, Broadent, Brown Sequard, Brunton, Carpenter, Clarke, arling, Cormack, Matthews Duncan, Farquharn, Fenwick, Ferrier, Fox, Gowers, Holmes, Hutinson, Jenner, Latham, Liveing, McKenzie, Murhison, Paget, Playfair, Roberts, Simon, Thompon, Thorowgood, Williams, Wilson, and a host of thers of equal prominence. The diseases are ken up in alphabetical order and are fully disussed in regard to clinical history, pathology and eatment. The work is illustrated wherever illusations can be of service in elucidation of the text. t is upon the whole a most valuable work, alike of terest to young and old, student and practitioner, nd no medical library can be said to be complete ithout it.

he Canada Educational Monthly; Toronto: $1.50 a year.

The April number of this standard independent agazine is to hand. and is replete with matter inresting alike to the professional and general ader. No school journal in America aims so igh, or has such an able corps of regular contriutors as *The Monthly*. The present number conains President Wilson's Inaugural Address on Free Public Libraries;" Mr. Rye's paper on University Life in the Early Part of the 17th entury;' Mr. Tattersall's on "Educational Theories and Theorists;" and Mr. Ward's on "The Duties of the Teacher." The University, Science nd School Departments are full of interest to eachers and students. The Editorial Notes on current educational questions are judicious and impartial, and indicate an intimate acquaintance with school affairs. The Educational Intelligence and Editor's Table are admirable features. We notice that the magazine is made the medium of official communication.

A Treatise on Pharmacy. By Edward Parrish. Fifth edition, enlarged and revised by Thomas S. Wiegand. Philadelphia: Henry C. Lea's Son & Co. Toronto: Williamson & Co.

In this excellent work for the student of Pharmacy will be found working formulæ for the use of the practical manipulator; comments upon the use and properties of the officinal preparations, processes for preparing and dispensing medicines; composition of chemical compounds—prominent properties and doses; modes of measuring, regulating, and applying heat for pharmaceutical purposes; on the art of selecting and combining medicines; pharmacy in its relation to organic chemistry; galenical and extemporaneous pharmacy. The student of Pharmacy will find in this volume a mine of information, brought up to the present standard of Chemical and Pharmaceutical Science.

Therapeutic Handbook of the U. S. Pharmacopœia. By Robert T. Edes, A.B., M.D., Harvard. New York: Wm. Wood & Co. Toronto: Williamson & Co.

This book admirably fulfils a requirement for the student as a commentary on the U. S. Pharmacopœia, which is altogether too bulky a volume for anything but a work of reference. A succinct treatise therefore on drug action, physiological and therapeutic, dosage, incompatible substances, etc., is a great boon to the overworked pupil of the present day and cannot fail to be appreciated by him when the time for final examination approaches. The book is well printed and will be found a valuable addition to the works already published on the same subject.

A Manual of Obstetrics. By A. F. A. King, M.D., Prof. of Obstetrics, Columbia University, Washington, with 59 illustrations. Second edition. Philadelphia: H. C. Lea's Son & Co.

It is only a short time since the issue of this work, and it must be very gratifying to the author to find such a rapid exhaustion of the first edition. The present edition has been revised and corrected, and such additions made as were necessary to bring it fully up to the present knowledge of the subject. The work will be found useful to those for whom it is designed.

A Practical Treatise on Surgical Diagnosis, for practitioners and students of medicine, by Ambrose L. Ranney, A.M. M.D., of New York. Third edition; revised, enlarged, and profusely illustrated. New York: William Wood & Co. Toronto: Hart & Co.

This work is designed as a manual of surgical diagnosis for students and practitioners of medicine, and as such will be found very serviceable for occasional reference. That it has been favorably received by the profession in the United States, may be inferred from the fact, that although a recent work, it has already reached the third edition. Much of the information given is in a tabulated form, and to some minds this is the readiest method of imparting instruction.

Epitome of Skin Diseases; with formulæ for students and practitioners; by Tilbury Fox, M.D. Third American edition. Philadelphia: H. C. Lea's, Son & Co. Toronto: Hart & Co.

The present edition of this well-known work has been edited by T. Colcott Fox, M.D., brother of the author. The classification of skin diseases adopted is the one promulgated by the American Dermatological Association. The style is clear and concise, the arrangement simple and convenient, and the work cannot fail to prove of great value to the student of dermatology.

A Guide to American Medical Students in Europe. By Henry Hun, M.D., Prof. of Nervous Diseases, Albany Medical College. New York: Wm. Wood & Co.

We have been much pleased with the purusal of this interesting little book. The author has been over the ground, and knows whereof he writes. The information supplied will be found of great practical value to all students and practitioners who intend visiting Europe to add to their store of medical knowledge.

The Students Hand-book of Forensic Medicine and Medical Police, by H. Aubrey Husband, M.B.C.M., F.R.C.S.E., Lecturer on Medical Jurisprudence in the extra-academical school, Edinburgh. Fourth edition, revised. Edinburgh: E. & S. Livingstone.

The fourth edition of this admirable work has been thoroughly revised. New sections have been added on criminal proceedings, somnambulism in its legal relations, and on the action of poisons, and many portions have been enlarged and rewritten, so that the work is now as complete a hand-book on this subject as is to be found in the English language. We have therefore great pleasure in recommending the work to our Canadian confrères, and especially as a convenient and reliable text-book for the use of medical students during their college course and in preparing for their examinations. The work is concise, clearly and well written, and embraces all phases of the subject usually treated of in similar works, and all within the compass of 600 pages duodecimo.

Illustrated Medicine and Surgery.—Vol II., No. IV., Oct., 1883. Edited by Drs. George Henry Fox and Fred. R. Sturges. New York: E. B. Treat & Co., 757 Broadway.

This work, which has been previously noticed in these columns, still keeps up its reputation for excellence in illustration and completeness of detail. The present number contains 21 illustrations. We commend the work to the attention of the profession in Canada.

Veterinary Medicine and Surgery in Diseases and Injuries of the Horse. By F. O. Kirby. Illustrated by four colored plates and one hundred and sixty-eight wood engravings. Cloth; 8vo.; pp. 326. Wm. Wood & Co., 1883. Toronto: Hart & Co.

In this work is presented in a concise and practical form, the diseases and injuries of the horse, and their appropriate treatment.

A Pocket Aide-Memoire, compiled specially for the instruction of the ambulance corps of the Dufferin Rifles of Canada. By William T. Harris, M.D., C.M., Surgeon Dufferin Rifles.

Births, Marriages and Deaths.

On the 10th of April, John F. Coad, M.R.C.S. Eng., of East Zorra, Ont., aged 72 years.

On the 4th of February, C. Deguise, M.D., of Quebec, aged — years.

On the 29th March, Dr. Wm. James, of Burgessville, in his 36th year.

On the 21st of March, P. N. Leclair, M.D. (McGill), of North Lancaster, Ont., aged 48 years.

THE CANADA LANCET.
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CRITICISM AND NEWS.

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Original Communications.

CASES OF POISONING BY CARBOLIC ACID—PARIS GREEN—BELLADONNA.*

BY J. C. MITCHELL, M.B., ENNISKILLEN, ONT.

It was my fortune to have the responsibility of three cases of poisoning devolve upon me within a year; and as such are comparatively rare, in the ordinary routine of a country practice, I thought a record of the symptoms actually observed, and the treatment used, might be interesting—if not instructive—to the members of this Association.

Case I.—Mrs. S., a widow lady, æt. 58 years, living three-fourths of a mile from my office, was on the 16th of November, 1881, preparing to retire for the night, at 10.30 p.m. She was troubled with rheumatism, and by mistake took a large dessert-spoonful of pure carbolic acid, instead of the remedy to which she usually resorted. She at once cried out, "I have taken the wrong medicine for it is burning my throat and my stomach dreadfully." Her daughter immediately discovered the mistake, and gave the alarm. I was speedily summoned to attend and was with the patient fifteen minutes after she had taken the acid. I found her in a partial stupor, talking somewhat deliriously, great muscular relaxation, weak thready pulse, cold clammy skin, pupils of eyes slightly contracted, breathing becoming of a stertorous character. The invasion of the symptoms had been very rapid. Previous to my arrival, the daughter had given an emetic of mustard without any effect. With some difficulty I aroused her sufficiently to drink four ounces of olive oil (all I had with me), when she recovered consciousness. I then prepared and administered an emetic of sulphate of zinc, which acted quickly and thoroughly; and soon left no doubt in our minds as to the nature of the poison, as the atmosphere of the room was impregnated with the odor of carbolic acid. After the emesis had ceased, we gave her demulcent drinks, applied heat to the body, and had the satisfaction of leaving her in a couple of hours in a fair way to recovery. The posterior and central portion of tongue were hardened and corrugated by contact with the acid· The tongue and throat speedily healed; the stomach remained very irritable for a length of time.

Case II.—Mr. V., æt. 49 years, a resectable farmer living five miles from our village indulged frequently in the use of intoxicants. At 9 p.m. Sunday, September 3rd, 1882, when under the influence of liquor he mixed half a tea-cupful of the ordinary commercial Paris green—aceto-arsenite of copper—with water, and before any of the family were aware of his intention, swallowed the greater portion of the mixture. In an hour afterward I was with him. He was sensible, suffering very acutely at intervals from severe epigastric and abdominal pains, extreme pallor of countenance with anxious expression, cold clammy skin, feeble rapid pulse, made scarcely any complaint, in fact did not speak unless addressed. After each attack of pain he vomited freely, then complained of thirst. The vomited matter was bright green and there was considerable sediment of Paris green at the bottom of the vessel. The emesis began thirty minutes after taking the poison, partly no doubt from the action of an emetic of mustard his wife had induced him to take. Treatment consisted in giving good doses of dialyzed iron, large quantities of milk and eggs, keeping up free emesis until the green hue disappeared altogether. After that he became quite easy, but slightly stupid, pulse firmer, slower and skin warmer. Improvement lasted for more than an hour, when all the symptoms returned with much greater severity. His sufferings now were intense, great tenesmus, no diarrhœa, although bowels moved frequently, constant desire to void urine. He grew worse rapidly, and expired five hours after drinking the fatal potion.

Case III.—In each of the cases related, the kind of poison taken was known, in the one following, the toxic agent had to be decided from the symptoms manifested.

In the village of S——resided a Mr. T. and family, consisting of a wife and two daughters. Mr. T. was a delicate man, æt. 53 years, the elder daughter, æt. 26 years, a very delicate girl, having had several attacks of pneumonia; the younger, æt. 19 years, was in the enjoyment of very good health. On the evening of November 13th, 1882, the father and daughters were attending choir practice at a neighboring church, leaving their mother at home, who, in their absence, busied herself in preparing some herb-tea for all to partake of, as they were suffering from severe colds. The herbs were supposed to be only those they were constantly in the habit of using, viz., smartweed and mullin leaves. On returning home at 10 p.m., the father and daughters drank freely of the infusion, the mother only tasting it, as there was scarcely enough for all. The father went immediately to bed, the others remained up for a time. In a few moments all began to complain of dryness and burning sensation in the throat and mouth; soon the elder daughter grew dizzy, began laughing and acted like one intoxicated, then became delirious; the father and young girl complained of sickness, nausea, dizziness and strange feelings, and by the time the mother got a neighbor aroused and in the house, all were insensible.

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* Read at the Ontario Medical Association, June 6th, 1883.

I arrived at 11.30 p.m., found Mr. T. lying in bed in a state of coma, breathing very heavily, tongue extremely dry and swollen, unable to swallow, entirely unconscious, no sensation whatever, at intervals a convulsive movement passed over his frame. The sisters were in adjoining sitting-room, lying on beds hastily spread on the floor by the neighbors. Both were unconscious and swallowed with great difficulty anything given them. They retained some sensation. They had severe convulsions at intervals. In all three cases the countenances were of a dusky hue; the pupils of the eyes were dilated to the full; scarcely any of the iris could be distinguished, also strong external strabismus. From the marked mydriasis, together with the other symptoms present, it was evident the poison was one of the solanaceæ, and I was fully convinced that it was either belladonna or its alkaloid, an opinion, I think, pretty fully corroborated by the facts afterwards ascertained. The stupor exhibited by all the patients was most profound, in fact the whole nervous system was prostrated and paralyzed. Sharp emetics were given to the girls, but the elder one did not vomit as freely as her sister. I gave all the patients three ½ gr. doses of morphia subcutaneously, at intervals of an hour, and after the first injection the convulsions ceased, and after the third the effect on the pupil of the eye of the younger girl was quite perceptible. I also gave hypodermic injections of brandy.

A message had been dispatched for Dr. McLaughlin, of Bowmanville. On the Dr.'s arrival we used the stomach pump with all three, and after removing the contents of the stomach, we pumped in a strong infusion of green tea. In spite of all our efforts the elder sister grew gradually worse, the pulse became small, thready, and at 4 a.m. rose to 160. The younger girl had shown better symptoms all through, although at one time her pulse rose to 145, and the prognosis was very doubtful. At 5.30 a m. when we attempted to pump in some warm milk and an infusion of tea, she struggled a good deal and finally roused up sufficiently to look around; we had her removed at once to her bedroom, and gave her a good potion of castor oil. The other poor girl died at 6 a.m., having never rallied in the slightest from the time she first became unconscious. Continued giving the father strong tea, warm milk, brandy and aromatic spirits of ammonia, by means of stomach pump. It was necessary to hold his tongue protruded from his mouth all the time to enable him to breathe at all easily. His pulse varied from 130 to 170. At noon he rallied a little, opened his eyes, looked around and resisted slightly when we were using the pump. The drug, however, had done its work with an enfeebled constitution. In the afternoon he sank gradually and died at 4 p.m., eighteen hours after partaking of his herb tea. The remaining daughter slowly recovered, but was very ill for three weeks. The tongue, throat and fauces were swollen to such an extent that but little could be swallowed for a day or so. There was complete aphonia for a time; harsh, dry cough, with considerable bronchial irritation. Quite a scarlatinal rash over a greater portion of the skin, which lasted two or three days. For two weeks the temperature of the body ranged from 101° to 103° Fahr., and the pulse from 110 to 125. Treated symptoms as they arose, and the patient finally made a good recovery.

I may state here that Dr. McLaughlin fully concurred in my opinion as to the character of the poison. In examining the remaining herbs not used for the infusion, we could find no trace of any poisonous plant, and that from which they drank the tea had been boiled too much to distinguish the various herbs. There was a peculiar narcotic odor very perceptible from the boiled herbs, the contents of the stomach, and also from the urine—withdrawn by catheter—very similar to the odor of the tincture of belladonna, with which we compared it. Mrs. T.—— stated that the herbs had been gathered by the deceased husband. That he did this work in a very careless manner, just plucking them in handfuls as they happened. She also informed me that a large weed grew in the garden bearing a round berry of a purplish hue when ripe. I found, on enquiry, that large quantities of this weed grew in the neighborhood, and from its description have no doubt that it is the atropa belladonna, or deadly nightshade. That the plant must be very rich in its active principle atropia is evidenced by this case, as it is not likely that more than one stalk and its leaves were in the infusion, as any larger quantity would have been observed in the small amount used.

In the fatal cases putrefaction commenced very soon after death, and the bodies were covered with livid spots. There was also a bloody discharge from nose and mouth. The smell was very peculiar and offensive. The bodies were interred the day after death, and the features were so much discolored that the caskets were kept closed at the funeral.

Very much has been written as to the antagonism of belladonna and opium, since Prosper Alpin, in 1570, first observed that the action of the latter drug was greatly enfeebled when given in combination. Dr. Anderson read a paper in Edinburgh in 1854, showing that these drugs were antagonistic in their action upon the system. Trousseau, in his "Treatise on Therapeutics," also makes this a strong point. He says:

"Angelo Poma, Cazin, Benjamin Bell, Béhier, Lee, McNamara, Seaton, Frelenmeyer, Onsum, Bathurst Woodman, and Foumuller, all give cases of belladonna poisoning cured by opium. In these cases it is remarkable that persons poisoned by belladonna have been able to take enormous doses of opium without showing the symptoms of intoxication from opium." According to M. Béhier the quantity of opium required to combat the intoxication of belladonna ought to be greater than that of the belladonna taken. In the case of the girl that recovered, although I gave her 1½ grs. of morphia hypodermically in two hours, she regained consciousness in four or five hours after, and exhibited none of the usual symptoms expected from large doses of that drug.

PARACENTESIS OF THE PERICARDIUM.*

BY J. W. MACDONALD, M.D., L.R.C.S.E.,

Medical Officer, Steel Co. of Canada, Londonderry, N.S.

I was first called to see the patient, a married woman, aged 30, on the evening of June 10th, 1883. She stated that, three weeks previously, she had been seized with severe pains in the joints, attended with high fever. A day or two afterwards, she complained of pain and violent beating at the heart.

Condition on June 10th. She was unable to lie down with comfort; the face was pale, anxious, and slightly œdematous; the breathing was short and panting; the heart's action tumultuous, and its movements could be perceived through her clothing. On examination of the chest, a dull area was found over the præcordial region, extending from the right edge of the sternum towards the left for about eight inches, and from the seventh intercostal space to the level of the upper margin of the second rib. A loud distinct to-and-fro murmur at the apex, and a harsh systolic murmur at the base, were the sounds heard on auscultation. The lower lobe of the left lung, posteriorly, was very dull on percussion, and conducted the heart-sounds, so that the murmurs could be very distinctly heard in this situation. Over this area, there was also puerile respiration and increased vocal resonance. A narrow strip, giving normal sounds on percussion, extended down the side from the axilla, and divided the dull areas in the front and back of the left chest. The pulse was small, irregular, and 120 per minute. She was troubled with diarrhœa.

Blisters, iodine, and diuretics were employed, and for a few days the fluid diminished; but the symptoms became aggravated, and the dyspnœa and agony about the heart became unbearable. To use the patient's own words, she felt "as if the heart was going to burst." She could get no rest except when propped upright, and she frequently fainted. The diarrhœa continued, and, in the hope that it might promote absorption of the effusion, I made no attempt to check it.

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*Read before the Canada Medical Association, Sept. '83.

June 18th. I resolved to operate, and was assisted by Dr. Sutherland. To decide upon a suitable situation for the opening was a great difficulty. The point generally adopted, and first recommended by Dieulafoy—viz., in the fifth intercostal space and one inch to the left of the sternum—was in this case unsuitable; for in that situation the heart-impulse could be most strongly felt. No part appeared more prominent than another, and the difficulty was further increased from the fact that the patient was nursing her child, and the breasts were consequently large. A point, one inch below the nipple, and close to the lower margin of dulness, was at length fixed upon; first, because no heart-impulse could be felt there; and, secondly, because it was at the most dependent part of the pericardial cavity. The patient was placed in a semi-recumbent position; chloroform was very cautiously given, and the mamma was held up out of the way. I then made a preliminary incision through the skin, and dissected down carefully between the ribs. No impulse being felt by the finger in the wound, I pushed a moderate-sized aspirating-needle through the remaining tissues; and, feeling that I had entered the cavity, withdrew the stilette. A few drops of greenish-looking fluid escaped; but it appeared impossible to get it to run freely, even after applying the aspirator. Just as I was preparing to enlarge the opening, for the purpose of introducing a tube, the fluid began to run freely; and, on the patient drawing a full breath, it escaped in little jets. After persevering for some time, the cavity was emptied; the dull area over the heart was reduced to its normal size, and the patient, though extremely weak and inclined to faint, was very greatly relieved. The fluid withdrawn measured thirty-two ounces; was of a greenish colour, resembling bile, and tended to coagulate on cooling. Shortly after the operation, she could lie down with comfort on either side, and draw a deep breath without inconvenience. The pulse fell to 100, and became more firm and regular.

June 19th. She had had a comfortable night, and felt very much better. The dulness over the lower lobe of the left lung had become less, and the respiratory murmur was returning to its natural character.

June 25th. Diarrhœa, which had for some time been a prominent symptom, had stopped. The area of heart-dulness was evidently increasing, and with it the other symptoms, which indicated an accumulation of the fluid. Iodine was applied over the præcordia, and a pill containing one-sixth of a grain of elaterium given at night.

June 27th. The elaterium produced copious watery discharges, which were followed by a marked diminution of the area of dulness, and a great improvement in the breathing.

June 30th. Her condition had so much improved as to permit her going to her home in St. John. Up to the present time (August 30th), she has continued to improve. She can walk more than half-a-mile without inconvenience, and has gained strength. Dr. Bayard, of St. John, who kindly examined her a few days ago, states that the fluid has not returned, but the endocardial murmur is still to be heard.

Correspondence.

To the Editor of the CANADA LANCET.

SIR,—One would imagine from the summary manner in which Dr. Rogers was compelled to produce his credentials that the Medical Board of New Brunswick would surely keep an eye on anyone attempting to practice in the Province without the necessary qualifications as set forth in the new Medical Act. Such is not the case, however. A gentleman from P. E. Island, who studied and graduated in Bowdoin College, Maine, U. S., is now practicing in the vicinity of Cape Tormentine. The Act specifies that no American graduate, as such, can practice until he shall have passed a successful examination before the Provincial Medical Board. It further sets forth, that any one attempting to practice without complying with said law shall be prosecuted, fined, &c. &c. Now, this gentleman is a graduate of a second-rate College, and he has not passed any examination before the Board as the Act specifies. How is this? Has he, the possessor of an illegal qualification, been allowed to register on the same terms as a graduate of Edinburgh, McGill, or Trinity? Surely not! But, if so, there must be favouritism and corruption somewhere. If he has not registered according to law, why is he allowed to set the statutes of the province at defiance, and to be an insult and a reproach to the thoroughly educated graduates of British and Dominion Institutions. Will Dr. Atherton, Dr. Currie, or some other member of the Registration Committee rise and explain !

Yours truly,

TORONTONENSIS.

To the Editor of the CANADA LANCET.

SIR,—I regret to observe an article in the last issue of the other medical Journal published in Toronto, which contains a most wanton attack on one of the Edinburgh Medical Colleges. As a member of one of these Colleges (probably the one referred to, as the writer does not specify), I feel that the honor and fair name of *alma mater* is being outraged by parties who are either ignorantly or wilfully lending their small influence to libel time-honored institutions. I trust, sir, that you will not allow the foul libel to pass unrefuted.

Yours sincerely,

May 15th, '84. ALPHA.

[We have read the article referred to in our contemporary and our reply will be found in another column.—Ed. LANCET.]

Selected Articles.

ON DISLOCATIONS AND FRACTURES.

The following is an abstract of a lecture delivered at the London Hospital, February 15, 1884, by Jonathan Hutchinson, F.R.C.S., *Med. Press.*

Mr. Hutchinson announced his intention in this lecture, of dealing, in the way of rapid survey, with the general principles involved in the recognition and treatment of dislocations and fractures; and of the first kind of injuries he especially insisted on the great importance attaching to their diagnosis by the practitioner. By the commission of errors in this respect, and by failing to appreciate the true nature of an injury involving dislocation of a limb, the surgeon is not unlikely to secure for himself a greater amount of discredit than would follow almost any mistake he could make in professional practice. Nor is it difficult to understand the reason for this, since by the permitted existence of dislocation for any considerable length of time, deformities may be set up, and discomfort to the patient thereby produced, which no attempt to cure will succeed in removing; but, as a general rule, all such consequences arise from the carelessness of the practitioner, who never ought, unless guilty of insufficient or incautious examination, to overlook any ordinary case of dislocation. In order, however, to prevent this untoward occurrence, it is well to bear in mind, and to call into use on every occasion, the fact that a dislocation comes under treatment of two safe rules, as follows :

1. Never examine a patient under these circumstances without stripping him and making accurate comparison of the two sides of the body, and

2. Should any doubt arise as to the existence of a dislocation after cursory examination, conducted according to Rule 1, then refuse to be satisfied until the patient has been put under the influence of an anæsthetic, and while in this condition subjected to every available test, with a view to absolute accuracy of diagnosis. Especially should this precaution be observed in the case of young patients, who naturally resist manipulation when awake, and with those who are unusually sensitive and restive under examination.

In many cases it will occur that instead of being simple, a dislocation will be complicated by the coexistence of a fracture along with it, whereby the difficulty connected with its diagnosis will be much increased, and in young children particularly, complications of this character are very frequently met with, dislocations of a simple nature being rare among them. In his own experience, Mr. Hutchinson declared he had never met with a simple dislocation of the shoulder joint in a child, but, on the other hand, he had seen numbers in which there had been separation of the upper epiphysis of the humerus, with consequent simulation of dislocation. In the wrist this form of injury does not occur, the hip being by far the most usual site of it, and in the case of children it is important to remember that when symptoms of dislocation are apparent they should be taken as affording indication of the occurrence of other injuries as well.

Among young children separation of the epiphysis of the long bones is a common accident, and it is not to be in any way regarded as a fracture either of the anatomical or surgical neck. In consequence of the force required to produce complete displacement of the sundered parts being very great, this condition is, as a rule, replaced by one of incomplete displacement, which also the extensive surfaces of the disconnected portions of bone contribute to bring about—in the humerus, *e. g.*—in which, when so injured, a forward sliding of the bone takes place for a little distance, but the combination of this separation of the epiphysis and dislocation of the bone at the joint is one of those accidents which, in Mr. Hutchinson's experience, do not occur.

Special risks of danger, even to a fatal termination of the case, attend those examples of separation of the epiphysis in which irregular stripping away of the periosteum from the shaft of the bone occurs, the epiphyseal end adhering, and a periosteal sleeve, with muscular attachments being loosened from the subjacent bone. Museum specimens of this kind of injury are rare, notwithstanding they are not infrequent, but when produced they rapidly end in death. Suppuration, too, which in fractures of bone rarely occurs, may attend the separation of epiphyses, being in such case due to the separation of the periosteum.

In adults dislocation of both bones of the forearm at the elbow joint is not uncommon, but among children it is exceedingly so; in this class of patients that form of injury which is described as a dislocation of such nature consists in the clean separation of the epiphyses, which is encouraged in the elbow-joint by the profusion of ossifying centres found in that region, and which, when it is seen, is usually said to be a dislocation backwards. The amount of displacement produced by such an accident depends on the position assumed by the bones affected in relation to the joint, and the possibility of the confusing appearances that may be seen ought to be an effectual guard against the issue of a hasty or unwarranted utterance respecting the absence of any fracture. The ease with which the displacement of the epiphyses can take place in children is the main reason why so-called dislocations of the elbow joint are so commonly seen in them, and the factor is found in the low position of the coronoid process, the principal opponent to backward dislocation in young subjects. This process is, indeed, practically an epiphyses itself at this age, being of soft, yielding structure, and being easily broken down.

In treatment of separation of the epiphysis at the elbow in children, the plan most successfully practiced is that of fixation on a moulded splint adjusted to the back of the limb, which is to be bent into a position in which the forearm is at right angles to the upper part of the limb. The splint is to extend high up the arm, and in fastening it strapping should be employed, a pad being so adjusted as to bring steady pressure on the upper part of the humerus. All the steps of the operation should be carried on while the patient is completely under the influence of an anæsthetic, the free and invariable use of which was strongly advocated by the lecturer in these cases. The pressure, moreover, thus applied to the lower end of the humerus, must be considerable in order to secure the desired result, and should not be omitted on account of the swelling which in some cases will be found present to some extent, being occasioned by the tearing injury inflicted on the periosteum. In a recent case seen by Mr. Hutchinson, neglect of these precautionary details had resulted in ankylosis of the joint, and it is desirable that the practitioner should always be guarded in his prognosis of a recovery without stiffness of the elbow in all such cases. In separation of the lower epiphysis of the radius, it is common for a mistaken diagnosis to be made, the injury under such circumstances being assigned as dislocation of the wrist joint. One of the best examples of the condition so produced is to be found in a preparation in the London Hospital Museum, and it is highly important to recognize the nature of the lesion whenever it occurs. As a rule, there is only an incomplete displacement of the epiphysis, but one case at least is on record in which the part was entirely separated. The disunited parts should be placed in apposition, under an anæsthetic, as a first step toward treatment, and then the limb should be put up in the ordinary way.

In proof of the infrequent occurrence of dislocation of the wrist, Mr. Hutchinson said he had never seen a case himself, and those injuries which were described as such dislocations invariably turned out to be, in the young, separation of the epiphysis, and in the adult, fracture. Likewise he questioned the existence of the so-called subglenoid dislocation at the shoulder, and in every case he had examined with a view to testing the existence of such a deformity he found it to be one of subcoracoid dislocation, the certainty of which can be made clear by resort to accurate measurement, by which means the absence of any lengthening of the limb, a condition which must necessarily occur to the extent of one and a half or two inches in subglenoid dislocation, is at once rendered apparent. To Professor Flower is due the credit of drawing attention to the facts here explained, and which imply that what has been called subglenoid is in reality subcoracoid dislocation. Dr. Howe had also, previously to Flower's observations, noticed that lengthening must necessarily follow on subglenoid dislocation, but in spite of all the correction the error received, a well-known manual of surgery continues in its latest edition to perpetuate it, and by means of illustrations depicts the two forms of displacement, showing the limbs as being of equal length in both forms of injury.

Among children, displacements of the elbow may be treated with very favorable prospects of obtaining good results, but the case is very different when the patient is advanced in years, for although in them reduction may be completely effected without fracture, still there is ever present danger of subsequent development of chronic rheumatic arthritis in the joint, this being an almost invariable sequel in such cases. Different opinions, however, have been expressed respecting the order in which the two events occur, whether, that is, the dislocation is primary, but the lecturer decidedly averred that there can be no question that such is the fact. In consequence, therefore, of the extreme probability of future occurrence of rheumatic arthritis in the majority of elderly patients who come under treatment for displaced elbow, it is incumbent upon the surgeon to speak with the greatest caution when called upon to give promise of a useful limb, the chances of any result of this kind being very small in comparison with the almost certain probability of permanent arthritic mischief setting in.

Fractures are grouped under two heads, viz. :

A. Fractures with displacement.

B. Fractures without displacement.

In connection with these injuries it must be remembered that, though occurring in the same bone, and bearing the same distinctive name, *e. g.*, Potts' or Colles' fractures, still a very great amount of diversity may be exhibited by them, and it must not be expected that any two examples of the same variety of fracture will be exactly similar in all respects.

As in cases of separation of epiphysis, so in fractures, the nearer the injury is to the joint extremity of the bone, the greater probability there will be that displacement of the fragments will only partially ensue. Impaction of the pieces may occur, and as a result it often happens that the favorable position assumed on recovery is due, not to the surgeon's skilful treatment, but to the accidental fixation of the fragments of bone at the time when the injury has been received. For this reason it is advisable to avoid hurry in placing retentive apparatus around the limb under such circumstances, for it is quite possible to set up a great deal of harm by the injudicious application of pressure in this way. In his own practice, Mr. Hutchinson said he had often treated Colles' fracture of the wrist without employing any kind of splint whatever, and he urged the necessity of carefully considering the needs of each case separately. and then to treat it in accordance with the requirements it possesses.

In the majority of cases of Colles's fractures but a small amount of displacement is found to exist, but exceptional instances do occur in which the reverse condition obtains, and such cases present difficulties in the way of treatment. Some years ago Mr. Hutchinson dissected many examples of this form of fracture, and he had come across none in which any great amount of displacement existed, and in some cases, though crepitus could be felt, it was not until the periosteum was removed that actual evidence of displacement could be obtained.

Complete reduction is imperatively requisite when displacement accompanies fracture ; and in all such cases it is very much wiser to bring the patient under the influence of an anæsthetic before commencing to restore its contour to the distorted limb. This proceeding is the more desirable also on account of the absolute safety with which anæsthetics can now be administered ; and aided by this means of assistance, the surgeon should not rest contented until his efforts are rewarded by perfect restoration of its lost symmetry to the injured parts, except, of course, in cases where an extreme degree of impaction renders any such occurrence impossible.

Once the fragments have been restored to their proper place, however, there is no tendency in them to resume the vicious position assumed as a result of fracture ; and hence necessity for confining the limb in a splint apparatus will not exist. This method of treatment will be demanded in a certain number of instances, being those which form exceptions to the general rule just laid down ; but Mr. Hutchinson considers that quite 4-5ths of the fractures of limbs can be most satisfactorily treated without applying any splint whatever, the harm caused by which through pressure far exceeds the benefit conferred. Whenever they are employed, the simpler the kind of splint that is used the better will be the result, the straight form being the best possible, admitting of free extension, and being also easily retained in place. Fourteen days should, Mr. Hutchinson urged, be the maximum time during which, if it must be applied, a splint should be allowed to remain, as otherwise there arises much danger of rheumatic stiffening of the joint.

As a commentary on the futility of inventing complicated splints and apparatus for fixing fractured limbs, none of which have ever received general approval, the lecturer referred to an ingenious instrument devised by Dr. Gordon, of Belfast, after long-continued anatomical study of Colles' fractures. This, which was intended for general use among surgeons, is figured, said Mr. Hutchinson, in a text-book by a leading surgeon, *upside down ;* and assuming from this that even the author of the work is practically unacquainted with the splint, although he writes about it, what chance is there of its ever being universally adopted ?

Not only Colles', but all fractures, are most successfully treated by extension, which can readily be made through the agency of the simple straight splint. Very thick pads should be fitted to the splint, and in ordering from instrument makers it is necessary to insist on this especially, particularly with regard to splints for treatment of fractured femur. Finally, on this subject of splints, Mr. Hutchinson declared that he had seen many more instances of bad union follow the use of modern improved apparatus than ever were witnessed under the old plan of fractures by the straight splint.

Fractures of the neck of the femur occur in a great variety of forms, and it is an unfortunate conventionality which divides them into extra and into intra-capsular fractures as though the bone was always broken straight across either in or outside the capsule of the joint. As a matter of fact, examination of numerous specimens showed this to be an occurrence of great rarity, and the varieties assumed are very considerable. Thus the great trochanter may be broken across, or both trochanters, and the fracture itself may be partly without the capsule. When great deformity exists, however, the existence of extra-capsular fracture may be suspected, and on grasping both hips if there is found greater thickness on the injured side it may be taken as certain that the fracture is at any rate not entirely in the capsule. In all cases of this class of fracture, whether so called extra or intracapsular, union by bone should be the surgeon's principal aim ; and such a result may, in Mr. Hutchinson's opinion, be expected.

GASTROSTOMY FOR CARCINOMATOUS STRICTURE OF THE ŒSOPHAGUS.

BY PROF. S. W. GROSS, PHILADELPHIA.

The first case is a woman, fifty-one years of age, with stricture of the œsophagus, depending on carcinoma, whom you saw five weeks ago. As I found it impossible to pass a bougie, or a soft tube for the purpose of alimentation, and as the trouble in swallowing grew worse and worse, I was finally compelled to open the stomach. Four weeks ago I made an incision parallel with and three-fourths of an inch below the eighth and ninth costal cartilages, down to the peritoneum. The bleeding having been arrested, I then opened the abdominal cavity, and attached the parietal peritoneum to the wall of the stomach with a continued suture of fine black silk, and I also stitched the wall of the stomach to the wall of the abdomen with an outer row of interrupted sutures, so as to afford as much surface as possible for adhesion between the two surfaces of the peritoneum. In this connection, I must say to you that when you insert sutures in the stomach or intestines, you should be careful that they do not penetrate the entire thickness of the viscera. The serous and muscular coats alone should be included, so that the little openings will not admit of the escape of the contents of the organ, through which peritonitis will ensue.

For a few days after the operation the patient was fed by the rectum. Afterward, when the spasm of the œsophagus did not prevent it, she received by the mouth dry champagne, milk, eggs, and chicken soup. At times the spasm was so great that for eighteen or twenty hours she was unable to swallow anything, when we had to return to rectal alimentation. To every three ounces of food given by enema, we added a teaspoonful of the liquor pancreaticus, one-fourth of a grain of carbolic acid and four grains of bicarbonate of sodium. In this way we not only promoted rectal digestion, which is an alkaline digestion, but also prevented the occurrence of tympanites, which was a troublesome symptom for a few days.

Last Thursday, or three weeks after the operation, I made a very small puncture into the stomach and inserted an elastic tube. I bring the patient before you to-day to show you a successful issue after the operation of gastrostomy, which means making a mouth or opening in the stomach for the purpose of nutrition. The incision in the stomach should be small, since with a large opening not only would there be a tendency for the contents of the stomach to escape, making the condition of the patient a dirty one, but the gastric juice would produce troublesome and painful inflammation around the margin of the wound.

I will now show you how the patient receives her food. This gum tube, which is cut off at the point, like the point of a pen, in order to facilitate its introduction, and which equals No. 15 of the French catheter scale, or has a diameter of about three-sixteenths of an inch, is passed into the stomach. To the proximate end of the tube a small glass funnel is attached, into which the warm nourishment is poured. In this way we have provided against death from starvation. There is no necessity for leaving the tube in the stomach, as it can be introduced whenever we desire to feed the patient although for the first few days it was retained, to prevent the closure of the opening.

There are probably a good many persons—we cannot account for tastes—who would rather die than submit to an operation of this description. On the other hand, there are others who prefer to live as long as they possibly can, so that in cases where death is threatened by starvation, gastrostomy may be performed if the patient desires it. The risks of the operation are almost nothing. We have thrown off the old superstitions in regard to the peritoneum. At the present day, after operations involving this membrane, we do not expect the patient to die from peritonisis. The trouble with gastrostomy is, that in the majority of cases the operation has been postponed too long ; the patients are run down and unable to rally.

In cases of cicatricial stricture of the œsophagus, resulting from swallowing irritating fluids, as solutions of lye, or strong acids, it is found that the œsophagus becomes very much dilated above the point of stricture, so that we may speak of a complementary stomach in that situation. In cases of this kind, as well as in cases of the one before you, the patient can really enjoy food, which, after having been chewed and swallowed, may be retained in this receptacle for a little while, when it can be regurgitated into a tube, one end of which is in the stomach and the other in the mouth. Dr. Herff, of San Antonio, Texas, informs me that he has under his care a child which has been nourished in this way for four years and a half.

HYDROCECLE, RADICAL CURE.

I propose, to-day, to show you the treatment by injection of carbolic acid. This plan originated with a physician of Tennessee, whose name I do not recall, some ten years ago, and it has been popularized by Dr. Levis, of this city. The method of applying the carbolic acid is as follows: The fluid having been drawn off with a trocar, one drachm of the acid, rendered fluid by the addition of a minute quantity of water or glycerine, is injected into the sac by means of a rubber syringe provided with a nozzle long enough to reach through the canula. The canula and syringe are then removed, and the scrotum manipulated so as to bring the agent in contact with every portion of the serous surface. There is, at first, a little pain, but this is soon followed by numbness or anæsthesia. The patient may walk around for twenty-four hours, but he must then keep to his bed, with the scrotum supported by a proper bandage. This plan is said to be very efficient, and not liable to be followed by relapse. Dr. Levis, who has had a large experience with it, records an almost uniform, if not an entire success. Other surgeons have not met with equally good results. In a case which I treated in this hospital some time ago, the injection of carbolic acid was followed by a large effusion of blood into the sac of the tunica vaginalis, which resulted from the erosion of the serous membrane and the loss of support of the underlying vessels. The blood was evacuated and the patient recovered. I have not done the operation very often, but I have met with this complication on two occasions.

Before introducing the trocar, it should be mentioned that the scrotum is to be smeared with cosmoline, so that if any of the carbolic acid should fall upon the skin it will not produce excoriation.

INTERNAL HEMORRHOIDS—LIGATION.

This man, twenty-seven years of age, has had for many years, more or less pain in the back, which has become much aggravated during the past week. For the past four months he has had hemorrhage every time the bowels have been moved, and at the same time there was a protrusion of a tumor, about as large as a grape, from the anus. The operation which I shall show you is that of ligation. The bowels should be moved by an enema, and just before the operation the patient sits over a bucket of boiling water. The steam relaxes the part and a little straining brings the pile into view. As the man strains, you can see two tumors protrude. Around the small one it will be sufficient to place a ligature, but I shall transfix the larger tumor with a needle armed with a double ligature, and tie it in two sections. When there are a number of piles, say six or seven, it is not necessary to operate on all. If four are tied, the object will be accomplished; the amount of inflammation set up being sufficient to obliterate all. You should never allow a patient to walk about after any operation for hemorrhoids, no matter whether it is a simple one, as in the present instance, or a more severe one, as clamping the tumors, cutting them off, and searing the cut surface with the hot iron The patient must go to bed, so as to run as little risk from pyæmia and tetanus as possible.

In your books you will find it stated that a certain amount of laudanum should be thrown into the bowel, or an opium suppository be used after the operation. I consider this a bad practice. The rectum is already stuffed up enough. If the patient suffers pain, one-third of a grain of morphia may be given hypodermatically. The bowels should be confined for three or four days, or until the patient begins to feel a little uneasy about the belly, when a free and easy motion may be secured by injecting six ounces of sweet oil, and following it up the next morning with half an ounce of castor-oil, by the mouth. After all operations upon the bowel, you should inquire into the condition of the bladder, since there is reflex spasm of the bladder, causing retention of the urine, which will have to be relieved with the catheter.—*Col. and Clin. Record.*

PLASTER OF PARIS IN FRACTURE OF THE PATELLA.

Dr. Little, of New York, (*N. Y. Med. Journal,*) describes his method of treating fractures of the patella as follows:—It will, perhaps, be best for me to state at the outset, in order to avoid a misunderstanding, that I always make a distinction between the plaster-of-Paris *bandage* and the plaster-of-Paris *splint;* two entirely different methods of using this material. The method which I propose to describe is by the use of the plaster-of-Paris splint, which was first introduced by me in 1861, and first applied to a fracture of the patella, in 1863, in a patient of Dr. Tucker, of this city, and which I have used in all the cases that have come under my care in St. Luke's and St. Vincent's Hospitals, as well as in my private practice.

Immediately after the receipt of the injury, I elevate the limb slightly, and place it on a pillow, or a single inclined plane, and wait until the swelling and inflammatory action which follow have subsided. The limb is placed in this position simply for the comfort of the patient, and not for the purpose of relaxing the quadriceps extensor muscle, and thus preventing the separation of the fragments, which was formerly considered necessary. Although I have often attempted, I have never been able, to demonstrate that it made any appreciable difference in regard to the separation of the fragments whether the limb was in a straight position or the thigh flexed on the pelvis. Sometimes, when the effusion into the synovial cavity is great, I apply pressure as soon as the patient is able to bear it, by means of a bandage. When the swelling has subsided, which takes place from five days to a week, the following dressing is applied: A posterior splint is made of two thicknesses of bleached Canton flannel, strengthened in the middle, under the knee, by two extra layers; this is made long enough to reach from a little above the ankle to above the middle of the thigh, and wide enough to cover two-thirds of the circumference of the limb above and below the joint, but at the joint it should only just cover the condyles of the femur. Two pieces of Canton flannel, of from two and a half to three inches in width, double thickness, one long enough nearly to encircle the limb at the ankle, the other to encircle it at the upper third of the thigh, are prepared at the same time. The pieces designed for the posterior splint are then thoroughly saturated in a mixture of plaster-of-Paris and water, taking care that the mixture is not too thick, and then smoothed out upon a board with the hand, and applied smoothly to the limb. Then the two bands are prepared in the same way and applied around the upper and lower extremities to hold it in position. A dry roller bandage is then firmly applied over all, and the plaster allowed to set.

As soon as this is accomplished the bandage is removed, and we have a firm posterior splint, secured above and below by transverse bands. Two other strips, of a double thickness of Canton flannel an inch wide, and long enough to overlap on the posterior surface of the splint, are saturated in a fresh mixture of plaster-of-Paris and then tightly applied above and below the patella, while the fragments are held in position by an assistant, in the same manner as adhesive straps are used for coaptation in this fracture. A dry roller bandage is then rapidly applied with the figure-of-eight turns over the strips. The surgeon then, with thumb and finger of each hand over these coaptation bands, forces the fragments into close approximation, and holds them there until the plaster has set (Fig. 1). The bandage is then removed and a fresh one applied over the whole length of the limb. The dressing is then complete. Fig. 2 shows the splint with the bandage removed. It is a good plan for the surgeon, before applying the coaptation bands, to see that the fragments can be easily approximated. In a number of cases I have found some difficulty in keeping the fragments in the same plane, or in preventing them from tilting, there being a tendency for one to rise above the other. This can be overcome by making pressure with the fingers over the line of fracture while waiting for the bands to harden.

This dressing differs essentially from all others, in that the fragments are adjusted by the hands of the surgeon, and the "setting" of the plaster keeps them in the exact position in which they were held. The patient is not compelled to keep his bed, but may sit up or go about on crutches with but little inconvenience. This apparatus, like all plaster-of-Paris splints, should be applied directly against the skin, care being taken, however, to remove the hair, or else smear the limb with cosmoline or oil.

The condition of the fragments can now be examined at any time by simply removing the bandage, and in case any separation has taken place in consequence of the shrinkage of the limb, it can be corrected by removing the coaptation bands and applying new ones. Care should be taken, if this becomes necessary, which is seldom the case, to moisten the posterior splint in order to insure the adherence of the new pieces.

Pressure sores have never been produced in my experience, nor have the patients ever complained of any pain caused by undue tightness of the dressing. In fact, constriction of the limb by the splint, bands, or bandages, so as to interfere with the circulation, cannot occur, even in inexperienced hands. In order to prevent a rough edge at the upper and lower extremities of the splint, it is advisable to fold them over about half an inch, thus bringing a perfectly smooth edge in contact with the soft parts. This dressing should be left on for from six to eight weeks. The majority of patients rarely have any appreciable separation of the fragments at the end of the treatment, but as the union is generally ligamentous, a certain amount of separation will take place in time, as in all cases in which there is not bony union.

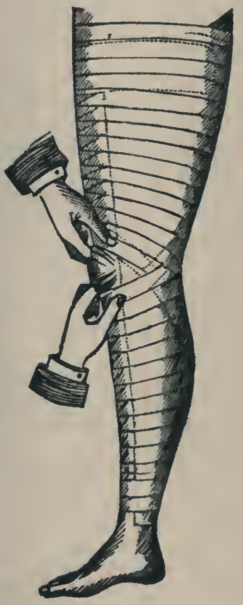

FIG. 1.

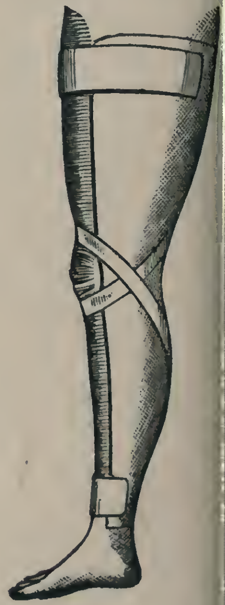

FIG. 2.

A case that I treated ten years ago, by this method, came under my notice again a few weeks since; the fragments, which after the treatment were lmost in direct contact, I found had separated only a little more than half an inch. Two cases reated by this apparatus, at St. Vincent's Hopital, esulted in bony union.

PUNCTURED WOUNDS OF THE SKULL.

In a recent discussion on this subject, before he Academy of Medicine of Cincinnati, Ohio, reported in *The Cincinnati Lancet and Clinic*, Jan. 5th, 1884, Dr. P. S. Conner (Class of 1861), in ntroducing the subject for discussion, said he was rell aware that it might be looked upon by many s rather trite, and yet the gravity of these someimes apparently slight injuries renders it of great mportance. The treatment of simple punctured vounds of the cranium is still a matter of discussion, from the fact that it is frequently difficult to ecide whether the injury received is one of the kull alone, or whether the structures underneath, he brain and its coverings, are also involved. If he injury be of a definite character, the question rises whether we are justified in interfering acvely in order to prevent the development of danerous complications, or whether it is more pruent to wait until further symptoms arise. As rerds active interference, we have the advocates f the extreme use of the trephine from Ambrose aré to Pott, and the expounders of the doctrine, Stromeyer, that the trephine ought not to be sed in any case. Stromeyer claims that, although he injury inflicted may be of the utmost gravity, he trephining of the skull will but increase the angerous symptoms.

The speaker alluded not to the general fractures the skull, but to the punctured form. No one ould fail to recognize an injury where the skull driven in, but in a punctured wound the gravity often overlooked; and yet, without any apparntly severe injury externally, such an injury may rhaps prove most dangerous.

The skull may be punctured by the blade of a nife, a bullet, a piece of glass, a sharp instrument, a pick, and various other substances. The depth penetration may be out of all proportion to the e extent laterally, and the symptoms may be sked for hours or days. The injury is probably eater to the internal than the external table of e skull, or a diploïc injury may be followed by lammation of the veins or pyemia, but usually internal table is broken off and the meninges the encephalic vessels are pierced. Hemorrge and inflammation may thus result, and somenes the brain substance itself may be injured, penetration extending perhaps even to the ening of the lateral ventricles. With all these ous consequences a diagnosis is frequently not de.

The speaker remembered one instance where death resulted in forty-eight hours, and the wound in the skull had been overlooked altogether. Knowing the liability of suppuration of wounds of the external and internal tables of the skull, we can understand the necessity for drainage so that a steady outflow is necessary for the safety of the individual. Death is often to be attributed to a punctured fracture of the skull, and it is therefore desirable to call attention to the danger of injuries about the head, even if they are scalp wounds, to decide whether the trephine should be used or not.

The speaker could not see where the danger lies *per se* in the use of the trephine; it is not followed by a great mortality, and the latest examinations made by Walshman, of London, shows that there is but little danger. The trephine simply converts a wound with a ragged edge into a smooth one, and the removal of a button of bone frequently prevents inflammation of the meninges, or a localized inflammation of the cerebral mass, or an abscess. A wound of the skull may cause death without a warning, setting in either with convulsions or coma. In order to show how slight an injury may take the life of an individual, the speaker presented a specimen obtained twelve years ago, where a man was cut in a fight on the head, the injury being, however, scarcely perceptible, and yet death occurred in twenty-four hours. At the post-mortem examination a small scalp wound was found, underneath which there was an extravasation of blood; on reflecting the scalp it was discovered that the skull had been pierced with a small pocket knife, severing a branch of the middle meningeal artery, the cut extending to the depth of half an inch.

This man might have been struck a hundred times about the head in other situations, and yet he might have escaped much injury. The injury was not recognized during life; if it had been recognized the trephine might have saved this man's life, as the hemorrhage could readily have been stopped with a little white wax. Another man was struck in the head with an ice-pick. Paralysis of the right upper extremity, but not of the face, resulted, and two weeks afterward, when Dr. Conner first saw him, a hardness was to be felt at the seat of the injury, as if the pick had been broken off. The doctor at once removed a button of bone with the trephine and came upon the abscess cavity, which he evacuated, but the man died in two or three days. The cavity was not very large; it was situated at the superior portion of the frontal convolution. The symptoms following the injury in this situation ought not to have been produced according to our present understanding of localization of the brain. If the crown of the trephine had been applied in this case immediately after the injury it would have permitted an outflow of fluids, and prevented these serious symptoms.

The next specimen, obtained from Dr. E. W.

Walker was one of singular interest. A boy being provoked at a man, picked up a piece of a broken pane of window glass and threw it at the latter, striking him in the head. The man went to bed, but was found dead the next morning. An examination showed a piece of the glass sticking fast in the skull. Had the piece been removed immediately there might have been a chance of life. Death resulted from extravasation of blood. Sub-cranial extravasation of blood is not necessarily fatal; the speaker had himself saved a patient's life by trephining and removing the clot.

A practical lesson to be drawn from these illustrations is, that a careful examination ought to be made of every head where a punctured fracture is suspected, and if such be found it is the wisest course to apply the trephine. There is no more danger in removing a button of bone from the head than from the tibia. The special danger of these injuries lies in lesions underneath the skull. It is not necessary to carry out all the extreme precaution for antisepsis, yet with this method the results have been still better than by any other method. The speaker had seen quite a number of cases, where death would have resulted if the treatment had not been active.

The speaker had occasion, in preparing an article on this subject some time ago, to look up the authorities, and he was struck with the many instances of recovery from a gunshot wound in the brain on record. There is this difference between a gunshot and a pick wound, that the ball in its course is apt to leave a sufficiently large opening behind it for drainage. The speaker was rather skeptical that when a ball strikes a piece of bone there is no injury except that made by the surgeon in the operation. If he were thus injured he would rather have the pieces removed than left in the brain. We are not now so far from a decision when to use the trephine as a good while ago. The mere cutting of bone does but little damage, and when a conical crown is used the dura mater can be sufficiently protected. There is not so much danger from injury to the dura mater as from leptomeningitis later; and this is prevented by the removal of the irritating bodies and the securance of free drainage. To show how much injury the brain will tolerate, the speaker mentioned the case of a convict who tried to injure himself by driving pieces of wire into his head, and yet without doing any damage. Certainly these are rare cases, but they show that we need have no exaggerated fear of injuring the dura mater, when the constant injury caused by the presence of bone is so much more dangerous.

* * *

Lumbago may be quickly relieved by binding a piece of enameled cloth, such as is used to cover tables, over the loins outside of the flannel shirt. Profuse perspiration is produced which rapidly relieves the pain.—*Sci. Am.*

PUERPERAL SEPTICÆMIA, ITS NATURE AND TREATMENT.

The following by F. P. Atkinson, M.D., will be found in the *Practitioner* for March:

Although puerperal septicæmia is no longer the scourge it used to be, I suppose no medical man passes through his professional career without losing at least one case from this disorder. As regards its nature, I cannot help thinking it will eventually be found to arise either from the infection of erysipelas, or the absorption of decomposing animal matter, either generated within the uterus from the retention of pieces of placenta, membrane, or clots (the last named especially being the result of imperfect contraction), or conveyed by the nurse or medical attendant from without

Some assert that it most frequently has its origin in the infection of scarlatina, but there are certainly some very strong facts to be brought forward in opposition to this idea. 1. Cases have over and over again been reported where the parturient woman has been the subject of scarlatina, and the peculiar symptoms of puerperal septicæmia have been entirely absent, and also where there have been cases of scarlatina even in the same bed with the parturient woman, without the occurrence of any ill effects. 2. I have been credibly informed by a medical man that he was once called away from a case of scarlatina he was watching to attend two cases of midwifery, and that neither of the lying-in women had any unfavorable symptoms afterwards. 3. I have also been told, and my informant is willing to swear to the fact, that one medical man attended three cases of confinement when his hands were freely peeling from scarlatina, and that not one of these cases had anything the matter subsequent to their confinement. In spite of these facts, I believe that serious harm might result were pus from the ulcerating surface of the tonsils to come in contact with an abraded surface of the uterus or vagina.

In treatment of this as of all other kinds of pyrexia, it is important to inquire first of all as to the cause of the increased body-heat. In ordinary cold, bronchitis, pneumonia, etc., the prime cause is diminished heat-loss, owing to suppression of perspiration, and as soon as the skin begins to resume its function, recovery at once begins to take place; but in septicæmia the cause of the increased body-heat is increased chemical action, owing to the presence in the blood of a greater or less number of disease-germs, and the treatment has to be directed towards checking their growth and life. If this is successful, the cutaneous capillaries begin to dilate and the temperature gradually to fall. In some cases the skin perspires profusely and yet the body-heat remains persistently high, but this results from vaso-motor paralysis and is a symptom of very grave import.

The medicines we have at command for checking the life of disease-germs are quinine, resorcin, kairine, salicine, carbolic acid, boracic acid, ether, etc. In the treatment of puerperal septicæmia quinine is particularly useful, inasmuch as it is not only a strong germicide, but also produces a contractile effect on the uterus and prevents absorption. It is a good plan to administer from two to three grains of quinine with five minims of tinct. digitalis, and from three to fire grains of resorcin alternately, every two hours.

If necessary to bring down the temperature rapidly, an ice-bag may be applied to the head and one to the spine, while the body may be sponged with vinegar and water. The uterus should be well syringed out with permanganate of potash (a drachm of Condy to the pint of water) three or four times daily, while the temperature remains high. Plenty of good liquid nourishment should be given, and brandy must be administered according to the severity of the disease. By the adoption of these means most cases may be led on to a favorable termination.

A CASE OF ACTINOMYCOSIS

Dr. W. Knight Treves reports the following case in the *Lancet*, for January 19, 1884 :

P. C., aged 45, was admitted to hospital August 17, 1883, supposed to be suffering from a scrofulous affection of the glands of the neck. He is a muscular man with a good family history. His illness began sixteen months before admission, with inflammation about the neck and angles of the jaw, which, however, only kept him from work for two or three days. He has lived well, and never had cattle to look after. A lump by the angle of the jaw followed the inflammation, which was incised. Subsequently other swellings formed. Over the angle of the jaw, and in the posterior triangle of the neck were three ulcerated and fungating surfaces, those by the angle of the jaw being about one inch and that in the posterior triangle about two inches in diameter. There were tumors over the collar bone, the second rib, and the fourth costal cartilage near the sternum, each of which was in a direct line, and had followed in regular order the one described as existing in the posterior triangle. These tumors resemble each other in appearance ; they are smooth and evenly formed, and are in shape as nearly as possible a half a sphere ; the upper on is two inches in diameter, the lower one an inch, and the middle one intermediate in size ; they have an elastic, semi-fluctuating feel ; the skin over the upper one is thin, red, and evidently about to give way ; the skin of the middle one is also discolored ; that of the lowest is normal. To the right and left of these tumors are two nodules about the size of a marble, apparently the same thing in process of formation. The discharge was thin and serous, and contained minute yellowish masses, and disintegrated tissue, and had a peculiarly offensive and sour smell. The patient declined operative interference. He remained in the hospital till December 7, the progress of the case being gradual loss of flesh, formation of the lumps on the other side of the neck, and in the axilla. The three tumors described became broken down, and he presented before his discharge the appearance given in the woodcut which is from a photograph. The appearance of these tumors resembled nothing that I had ever seen before. The case was certainly not scrofulous, nor was it like any new growth with which I was famiilar. I arrived at the conclusion that it was an example of the disease known as actinomycosis. This diagnosis was confirmed by the discovery under the microscope of bodies which I believed to resemble the fungus described as peculiar to this disease. So far as I can ascertain, this is the first case of actinomycosis described in this country.

THE BEST TIME FOR ADMINISTERING MEDICINES.

The Midland Medical Miscellany has the following article on this subject : Before or after meals ? Such is the question often asked of the doctor, but the answer is not always ready. Medicines that are irritating should be given after meals, when the stomach is full, viz., the salts of copper, zinc, iron and arsenic, in large doses. Small doses, intended to act on the stomach terminals of the vagi, must be given when the organ is empty. Chemical reasons also have their influence ; thus, oxide and nitrate of silver, intended for local action, should appear in the stomach during its period of inactivity, lest, at other times, chemical reactions destroy the special attributes for which these remedies are prescribed. Iodines and the iodides further illustrate this point. Given on an empty stomach they promptly diffuse into the blood, but if digestion is going on, the acids and starch form products of inferior activity, and thus the purpose which they were intended to subserve is defeated. Substances prescribed to have a local action on the mucous membrane, or for prompt diffusion unaltered, are preferably given before meals. The condition of the stomach veins after meals is such as to lessen the activity of diffusion of poisons, and hinders their passage through the liver. It follows that active medicaments in doses near the danger-line, are more safely administered after meals.

When shall acids and alkalies be given, before or after meals ? First, as to acids. When acids are prescribed with the view to check the excessive formation of the acids of the gastric juice, they may be given before meals—as, by the laws of osmosis, they will determine the glandular flow of the alkaline constituents of the blood. The same reasoning would hold good when the alkaline condition of the blood was in excess ; osmosis being favored, the acid would reach the blood more readily. Second, as to alkalies. These may be given just before meals, when the acid forming materials in the blood diffuse into the stomach glands, and after digestion is completed, when the alkalies diffuse directly into the blood, without interference from the contents of the stomach. An alkali taken during the time when the reaction of the stomach juices should be strongly acid, must necessarily hinder, if not arrest, the digestive process for the time being. The metallic salts—notably corrosive sublimate, alcohol, tannin, and some other agents—impair or destroy the ferment, or digestive power, of pepsin. Wine that is intended to act as a food, is most beneficial when taken slowly during the course of a meal. The objection as regards the ill effect of alcohol on pepsin, is not applicable here, except to the stronger spirituous wines in large quantities, for the ordinary medicinal wines do not have sufficient alcoholic strength to injure this ferment. Iron, phosphates, cod-liver oil, malt, and similar agents should, as a rule, go with food through the digestive process, and with the products of digestion enter the blood.

THE TREATMENT OF PELVIC CELLUITIS FOLLOWING PARTURTION.

Dr. Graily Hewitt concludes an article in the *Med. Press*, November 21, 1883, as follows :—

A few words with respect to the treatment : A remarkable feature in these cases is their tendency to chronicity. They are always tedious and difficult to cure, and the cure depends more on attention to diet than on any other element of the treatment. Rest, of course, is an essential ; but the nutrition requires careful consideration. With regard to the subject of food : Deficiency of food may predispose to cellulitis in a patient in whom other factors in its cause may be present ; or it may render an already-existing case of cellulitis less amenable to treatment. In the case before us the quantity of food taken was perhaps only one-third of the total amount required by the healthy subject. This created a weakness which showed itself in various ways. Under these circumstances there is a great indisposition to take food, and if only three stated meals a day are provided, a very small amount is taken ; the patient becomes exhausted in the intervals, and when meal-time comes is not able to take nourishment. Hence the quantity taken is not enough to induce activity in the nutrition process, but only enough to keep up a condition of *statu quo*. To stimulate nutrition, articles capable of ready assimilation must be selected—Brand's essence, beef tea, milk, etc., with a fair amount of stimulant in the shape of brandy, and this must be given very frequently, every hour or so. Under this treatment the appetite will rapidly improve, and in a week or so, in all probability, solid food will be taken with zest. As subsidiary treatment, poultices may be applied to the abdomen to relieve pain and assist resolution, and if the latter is very severe a little opium is indicated. The bowels should be daily opened by the administration of a mild laxative. Some medicine, in the shape of dilute nitro-muriatic acid with a little tincture of orange, is often useful as a stomachic and tonic ; and later on iron and quinine may be given with advantage.

IODOFORM IN CHRONIC CYSTITIS.

Dr. David Prince, of Jacksonville, Ill., *St. Louis Med. and Surg. Journal*, has relieved several cases of chronic cystitis by the use of iodoform. A soft catheter is introduced into the bladder, which is by this means thoroughly emptied, if there is any residual urine which the patient is unable to void voluntarily. Then fifteen cubic centimetres of the following preparation are to be injected : Five grammes of iodoform are ground with twenty-five grammes of starch, and the whole is " moistened" with forty cubic centimetres of water. The mixture is to be injected daily and allowed to remain. The medicament is not entirely expelled at the first subsequent passage of urine, as the heavy crystals of iodoform adhere to the mucous membrane. Starch was the substance chosen to incorporate with the iodoform because it was free from irritant properties. This treatment speedily allays the irritation of the vesical mucous membrane, and with it the painful reflex contraction of the muscular coat of the bladder. The relief of this reflex contraction greatly increases the available capacity of the bladder. " In the case of a gentleman who had suffered greatly for several years, there was no pain after the first introduction of the iodoform. He thought after a four days' treatment that the capacity of his bladder had been doubled." Dr. Prince believes that the same treatment will be found beneficial in gonorrhœa. He thinks it will prove better than the use of pencils or bougies of iodoform and gelatin, because the iodoform, as he employs it, adheres to the urethral mucous membrane, and its action is therefore kept up for some time after the injection has been allowed to escape. The action of iodoform when used in pencils or bougies can last only while they are retained. Dr. Prince also suggests that the treatment of moderate strictures of the urethra, accompanied by vesical inflammation, may be advantageously preceded by the use of iodoform and starch. Mechanical dilatation, electrolysis, or other measures may, of course, be required afterward.

Some Novelties in the Treatment of Nasal Polypi.—Dr. W. Spencer, Watson (*Lancet,*) says: In the removal of polypi, whether by snare, forceps, or cautery, it is very difficult to be quite sure that the whole of the growths has been extracted. It is probably due in part to this uncertainty that polypi are so liable to recur. Often, no doubt, rootlets or fragments of one or more of the growths remain behind. If therefore we can by more thorough extirpation avoid this uncertainty the chance of recurrence is so far diminished; for though it is possible that the diseased mucous membrane has a tendency to reproduce the same morbid overgrowth, yet, *cæteris paribus*, the more complete the operation the less will this tendency show itself. The object then to be attained is to detach the polypi as close to the bone as possible, and it is even better in some cases to remove a portion of the turbinated bones with them. It is generally tolerably easy to get away those polypi which hang near the anterior apertures of the nostrils, but for the complete removal of those more deeply situated the usual methods are often insufficient. To meet this difficulty I have devised the polypus ring-knife (made by Messrs. Krohne and Sesemann). It consists of a rod of softish steel (which allows of being somewhat bent to any desired curve), which, with the handle and the ring-knife, measures eight inches and a half. The handle resembles that of a door-key, and is large enough to admit two fingers; at the other extremity is the knife, of oval form and one inch and a quarter long, being at its widest part five eighths of an inch broad. The outside of this ring is thick and blunt, its inside beveled, and with a cutting edge extended round the semicircle farthest from the handle. The knife when used is passed along the lower part of the nostril with its sides parallel to the septum, until it reaches the posterior aperture of the nares. At the same time the forefinger of the left hand is passed behind the velum palati and hooked up in the posterior aperture of the nostril. If there are any pendulous portions of polypus in the pharynx they can now, by a little manipulation, be slipped through the ring of the knife, which is then directed by the finger toward the outer wall of the nostril. The instrument is then slowly withdrawn, and, as it passes forward, is made to scrape away the polypi from their attachments to the bone. The operation is necessarily painful, and can be best done under an anæsthetic, the mouth being kept open by the use of a Mason's gag. The instrument thus used can be directed with considerable precision, and is, I think, preferable to forceps, when the polypi are deeply seated, and especially when of the sarcomatous or firm myxomatous variety. If the antrum is involved, the blade may be passed into it after the curve of the shank has been somewhat altered. But to reach the extreme depths of this cavity the ring-knife used by Meyer for adenoid vegetations of the pharynx is well adapted. I have succeeded quite recently in clearing out the antrum with these two instruments in a case of recurrent myxo-sarcomatous polypi, without laying open the alæ nasi. In this case, however, I followed up the treatment by the application at intervals during several months after of the acid pernitrate of mercury to spots on the surface of the mucous membrane, at which there seemed a tendency to return of the growths. The application of nitric acid, or acid pernitrate of mercury or similar fluid escharotic, in such a narrow channel as the nostrils seems at first sight a somewhat formidable and dangerous proceeding; but when carefully done with the acid in the platinum canula, and under a good light from the short-focus mirror, the proceeding is not really dangerous nor painful. The platinum canula is guided carefully to the spot to be cauterized. A pencil of wood previously dipped into the acid is then passed along it, and when it reaches the aperture in the canula is made to press against the diseased tissue. The surrounding parts are thus completely protected, and if the point charged with the acid is again drawn into its sheath before the instrument is withdrawn only a limited area of mucous membrane is touched. A slough, of course, forms, and becomes detached in the course of a week, or less. This plan has succeeded very well in some of my cases. It should, I think, be employed in all cases of polypi, whether gelatinous or sarcomatous, after the removal of the principal mass, but, of course, only after such an interval has elapsed from the time of the first operation as to allow of all swelling having subsided, and so to enable the operator to get a clear view of the parts with the rhinoscopic mirror. From three weeks to a month from the first operation is about the best period. It is, I think. only by repeated aplications at intervals of a few weeks to several months that we can hope for a satisfactory result. I am not prepared to say that this plan is never followed by recurrence of the diseased growths, but I think it offers a good prospect of retarding it in all cases, and it has certainly appeared to me to delay the recurrent form of polypi from reappearing for an indefinite time.

Incision and Drainage in Purulent Pericarditis.—With regard to operative surgical interference in pyo-pericardium, most authorities agree in considering it a delicate and hazardous operation, to be undertaken as a last resort, and only by means of the aspirator or a fine trocar and canula.

This treatment by the use of an exploring trocar was recommended by Ramberger and Friedreich, with the subsequent injection of chlorine water or iodine, or irrigation by detergent antiseptic solutions, and is referred to also by Fothergill, who regarded it as a forlorn hope, but thought it capable of yielding relief. The practice approved by F.T. Roberts is that of removal of the purulent collection by the aspirator; but he gives this recommendation with the warning that it should not be rashly practiced. Bristowe, who approves of surgical interference in pericardial suppuration, gives the details of the operation; the most eligible spot for puncture he considers to be one towards the inner extremity of the fourth or fifth interspace close to the sternum, and suggests that the tissues be divided with the scalpel, one by one, until the parietal layer of the pericardium is reached, and then to puncture carefully with a fine trocar and canula; believing it advisable also to wash out the cavity, he uses a weak solution of chlorinated soda or potassium permanganate. The preliminary use of a fine aspirating needle for diagnostic purposes is suggested.

Dr. Austin Flint, Sr., says that in suppurative pericarditis aspiration is always indicated, but he also states that if after repeated aspirations pus continues to reaccumulate, it is very evident that a permanent opening into the pericardial cavity, with injections, affords the only hope of effecting a cure.

Dr. Samuel West, at a recent session of the Pathological Society of London, reported a case of purulent pericarditis treated by free incision, in a boy fourteen years of age; twenty-four ounces of pus were evacuated (*Medical Times and Gazette*, December 8, 1883.) This makes the third case in which the pericardium has been laid freely open for purulent pericarditis. Prof. Rosenstein reported the first case, of a boy whose pericardium had been twice tapped, who recovered, in spite of a secondary attack of left-sided pleuritis. The second case had been under the care of Dr. Samuel West also; it was an idiopathic purulent pericarditis, in which the same treatment was followed by complete recovery. In the third case death occurred from other causes; the post-mortem showed a large abscess of the thigh; but the cavity of the pericardium had been nearly obliterated in the short space of two weeks. He expressed the opinion, in presenting this specimen for examination, that opening the pericardium is not a more hazardous proceeding than opening the pleura or the peritoneal cavity, if done with the same precautions.—*Med. Times.*

Danger of Artificial Respiration During a Surgical Operation.—The Vienna correspondent of the *Northwestern Lancet and Med. Review*, who by the way, takes a practical view of things as they are in Vienna, reports a very interesting case which occurred in the clinic of Billroth. He, Billroth, undertook the removal of a medium sized goitre from the neck of an otherwise healthy young man, a few days ago. On administering the chloroform mixture which is used at this clinic, (A. C. E. mixture), the patient became very pale, insomuch that the operator remarked upon it. When the operation was commenced the pulse ceased. Artificial respiration was employed and the patient seemed better, and the operation was resumed for a moment, when both respiration and pulse ceased. Despite artificial respiration and galvanism, the patient did not rally. After twenty-five minutes tracheotomy was performed, and direct artificial respiration with a bellows tried, though the operator said he did not expect more from it than from the other procedures. After thirty-five minutes faithful work, during which the great surgeon showed not the least agitation or change from his deliberate quiet demeanor, except that the tones of his voice seemed a trifle sadder, he said: "I believe we must give it up. Wash off the body and carry it out." Another patient was brought in, and the operations proceeded as if nothing had happened. We were sure it was a death from chloroform, though after the operations were done Billroth said he did not know what was the cause of death. He was quite sure it was not entrance of air into the veins, as he had carefully ligated all and no gurgling sound had been heard. Next day, however, he reported that the autopsy showed the cause of death to be entrance of air into the veins, right heart being found full of frothy blood and air.

Probably the most reasonable explanation of all the facts in the case is the following: The patient did not act well under the anæsthetic and becoming in danger the operation was stopped to practice artificial respiration some small veins being left open; the energetic handling of the patient, greatly facilitated the sucking in gradually of air until the right heart was filled. Thus in fighting the dread chloroform syncope, the absolutely fatal condition was greatly assisted if not caused.

To many it will seem that it is arrogance itself for any one here in the West to suggest anything to these great men, but this is a free country and we can express our astonishment that they are so slow to appreciate the value of ether and its proper administration. Whilst the immediate cause of death is given as the entrance of air into the veins, the probability is that if ether alone had been used there had been no necessity for the artificial respiration, and consequently no admission of air into the viens.

There is another lesson, which we in the West have learned, and which the extensive operators in Germany would probably also learn if they distributed their work more among those who were equally capable and gave themselves more time for reflection; that, if we must use chloroform and get into difficulty the lowering of the head constitutes an important item among the means of restoration and that when the heart has ceased to beat, good hot applications to the region of the heart would theoretically be much more promising than the aimless efforts usually made with the battery.

HYDRASTIS CANADENSIS IN GYNECOLOGY.—Dr. Schatz, of Rostock, read a paper on the above subject at a recent meeting of the German Gynecological Society.

He is of opinion that the medicinal treatment of the diseases of the female sexual organs has been crowded too far into the back-ground by the operative treatment; that now-a-days the knife is not rarely resorted to in cases in which favorable curative results could be attained by less formidable measures. The author thinks that, especially in functional disturbances of the uterus and ovaries, in menstrual anomalies, direct or reflex nervous, or even congestive troubles,medicinal treatment ought to be tried if the difficulties are but moderate, if an operation is dangerous or mutilating. He calls attention to the fact that often accidental changes in the mode of life, of the climate, psychical alterations, nervous irritations, and finally medication prescribed for other purposes are followed by obvious and unexpected changes in the affections named.

With this view, S. experimented with Hydrastis. He used the fluid extract in about fifty cases. Two-thirds of these were utilized in estimating the value of the drug. In general, it seems to act on the mucous membranes by exciting their vessels to contract. In the female genital apparatus, it seems not only to diminish the blood supply of the mucous membranes, but to act on them as a whole. It is remarkable that the remedy is often effective in cases in which ergot has failed or even has rendered the symptoms worse.

Favorable results were obtained by S. mainly in metrorrhagias due to myomata (ergot had long been used in vain), in hæmorrhages in the puerperium, in menorrhagias of young persons from fifteen to eighteen years of age, finally also in those forms of endometritis in which curetting had failed. In most cases, he commenced the use of the drug one week before the onset of the menses; where the catamenia recurred with undue frequency, even longer previous to the normal date of their appearance. In several cases, the flow became not only less profuse and shorter in duration, but several times it failed to set in altogether. In the case of myomata, too, the hæmorrhages disappeared often for months. The incidental effects of the drug generally were only agreeable in their nature. Particularly noticeable was an increased appetite. Once only a certain lassitude occurred; in another case, states of exaltation. The dose of the fluid extract is about twenty drops three times a day.—*American Journal of Obstetrics.*—[It has also been highly extolled in the treatment of dysmenorrhœa.] ED. LANCET.

SALICYLIC ACID IN CEREBRO-SPINAL MENINGITIS.—Dr. D. C. Ramsey, in an article in *St. Louis Courier of Medicine* concludes as follows:

1. The analogy existing between rheumatism and cerebro-spinal meningitis would suggest and be good reason for the use of similar remedies in both diseases.

2. Salicylic acid being the best remedy, almost a specific in the treatment of acute articular rheumatism, would be a strong indication for its use in cerebro-spinal meningitis.

3. It produces marked reduction in the temperature; the fever being thus lowered, the tissue-destruction and the onward progress of the inflammation is checked, thereby giving the patient rest.

4. It controls the intensely annoying metastatic pains of head, back, elbow, and knee, giving the patient ease.

5. It exerts a direct influence for good over the inflammation itself, and can be taken in frequent large doses without bad effect; having given a boy fifteen years of age half-drachm doses every four hours for three or four days, with the only result of a great benefit in all the symptoms connected with the disease is, I think, conclusive evidence of its harmlessness.

6. Its good effects are soon apparent, and it does not interfere with the use of other measures of relief, as ice, blisters, etc.

7. The best mode of using the remedy is to administer large doses frequently. For adults begin on doses of fifteen grs. repeated every two hours, and increase the dose as may be found necessary to obtain the desired effect, to ℈ ij., at intervals of two hours, if need be. When the disease is under control, which will be determined by the reduction in temperature, relief of pain, and placid countenance, decrease the dose, give at longer intervals, but still continue the use of it in small doses as long as the least symptom is present indicative of the disease.

Having never read or heard of salicylic acid being used in the treatment of cerebro-spinal meningitis, and my good success with its use in this fearful epidemic being afterwards verified by Dr. J. B. Weever, of this place, I hope to induce others to give this remedy a trial, and by so doing I think they will be enabled to see very happy effects from its use, and thereby be highly gratified with the results.

SORE THROAT IN CHILDREN.—Dr. Henry Ashby, (*Practitioner,*) mentions four principal varieties:

1. Simple tonsillitis. 2. Scarlatinal tonsillitis. 3. Pseudo-diphtheritic. 4. Diphtheria.

Weakly and scrofulous children are especially subject to the first. It is oftener seen as a complication of alimentary disorders, as those of liver and stomach, than of the respiratory tract, as bronchitis and laryngitis. It frequently precedes rheumatic attacks. It may be the result of the scarlatinal poison. In proof of this he cites an interesting series of eight cases occurring in a hospital ward within a few days. Several nurses also took the disease. The first patient attacked, it was found, had been exposed to the genuine scarlatina a few days before. None of these cases had an eruption. One, a patient in previously bad condition, died. No sanitary conditions prevailed.

In view of the difficulty—at times the impossibility—of diagnosticating scarlet fever from simple tonsillitis, the writer recommends the isolation of all children with febrile sore throat as long as faucial congestion remains. The points in favor of scarlatina are: The presence of vomiting and diarrhœa in the stage of invasion; a pulse of 130,-160; not necessarily a high temperature; marked injection of the uvula, pillars of the fauces and tonsils. Later, the enlargement of the cervical lymphatics, with tenderness; low exudation over the tonsils and uvula, make the diagnosis of scarlatina tolerably certain.

Under pseudo-diphtheria, the writer includes a class of cases which are said to bear the same relation to diphtheria that epidemic tonsillitis bears to scarlatina. It prevails where diphtheria does, is attributed to sewer gas and other poison. They differ from it in that the cervical glands are rarely involved, the membrane is less tough, the nasal mucous membrane unaffected, the urine does not contain albumen, the usual sequelæ of diphtheria are absent. The prognosis is always good. The duration is rarely over a week.

The sore throat of diphtheria is differentiated from aginose scarlatina, by the fact that in the latter we rarely have true membrane. A yellowish exudation may cover the tonsils, perforations and even sloughing of the palate may occur, and there may be much external cellulitis, but the leathery, whitish, adherent exudation of diphtheria is absent. The amount of albumen in the urine of scarlet fever is usually slight; in diphtheria it is often fifty per cent.

THE USE OF THE OLEATES IN SKIN DISEASES.—In a communication on the above subject in the *Medical and Surgical Reporter*, March 15, 1884, Dr. Stelwagon speaks as follows: Of all the oleates so far introduced for the treatment of diseases of the skin, the following may be considered as possessing therapeutic powers which experience has attested: oleate of mercury, oleate of zinc, oleate of lead, and oleate of bismuth. The other oleates have as yet failed in adequately supporting any attested claim to curative powers; further experience in their use may, however, prove them worthy of a permanent place in dermic therapeutics. In ordering the oleates several points are to be kept in mind. If the action of the proposed ointment is to be mainly protective, then the oleate is best made up with one of the paraffinates: if there is to be a certain amount of penetrating power along with a protective influence, then a mixture of lard or oleic acid with a paraffinate is to be prescribed as the base of the oleate ointment; again, if absorption is the main point aimed at, then the oleate compound should be made up of lard, oleic acid, or a combination of the two. In some cases (and they are by no means few) the oleates are found to disagree; instead of an improvement, a slight or marked aggravation occurs. In not a few instances this may be due to the bad quality of the oleate used, but that it may occur with oleates which are of the best manufacture is beyond question. Oleates, if properly prepared, will keep almost indefinitely; but if prepared in the old way, with an excess of oleic acid present, they will frequently be found to deteriorate. In conclusion, it may be said that the oleates are to be considered merely as additional means of treating cutaneous diseases, and are in no sense to be looked upon as panaceas, for often enough they must be discarded to give place to the older and tried methods of dermic medication.—*Med. Record.*

GALLIC ACID IN HÆMORRHAGE FROM THE URINARY ORGANS.—Lionel S. Beale, in the *Lancet*, recommends the use of gallic acid in this affection in large doses, and persisted in for several days. As gallic acid probably acts according to the strength of the solution, which bathes the bleeding tissue, it is necessary to insure the introduction of a certain quantity in the blood by the frequent administration of successive doses; as it soon passes away from the blood, being carried off in the urine, we must give it in quantity and often enough to more than compensate for this loss. He has found it valuable in chronic bleeding from the surface of the mucous membrane of the pelvis of the kidney, ureters, bladder, and urethra, and from villous growths, as well as in the very obstinate hæmorrhage from large fungous tumors of the kidney and bladder. The remedy should be given in frequent doses, day and night, until the bleeding is very decidedly reduced in degree, when it may be ordered once in six hours, or less frequently. Gallic acid seldom disagrees in any way. It does not cause constipation, and even when the crystals are swallowed in a state of suspension in water or mucilage, the stomach is not disturbed by their presence. The glycerine of gallic acid is, however, the most pleasant form in which to prescribe the remedy. This contains one part of gallic acid in four. Forty minims will contain ten grains, and may be given in distilled water, peppermint, orange, or other water. Dr. Beale has given ten-grain doses every three hours, without intermission, for three weeks, no objection having been made on the patient's part.

THE SIGNIFICANCE OF DOUBLE SCIATICA.—In a recent clinical lecture, Professor Charcot described the case of a woman, aged sixty-one, who had been operated on several times for scirrhus of the breast. She developed very severe double sciatica, with pain in the region of both anterior crural nerves. The pains were exasperated by the erect position, so that walking became impossible. There was tenderness in the lumbar and sacral region of the spinal column, but there was no muscular atrophy, alteration of reflexes, or disturbance of the functions of the bladder or rectum. Professor Charcot insisted that double sciatica is always symptomatic, and the causes are (*a*) diabetes; (*b*) certain spinal diseases, for example, locomotor ataxy and meningo-myelitis; and (*c*) some alteration in the nerves themselves. There was no sugar in the urine, nor any evidence of those spinal affections; and in the absence of any sign of a tumor in the pelvis the readiest explanation was cancerous invasion of the vertebral column, causing pressure on the nerves. Secondary cancer of the spinal column was held by Cazalis to be very common, especially after scirrhus of the breast, but it may be also met with in cancer of the stomach. In practice it is important to note that the presence of double sciatica in cancerous patients indicates metastatis, and contra-indicates operative interference. Conversely, severe neuralgic pains in patients at the age for cancer should suggest a careful examination of the breasts, the stomach and the uterus. Such pseudo-neuralgic pains are the ordinary clinical signs of vertebral cancer, but a fungous mass may project from the spine, in which case the vertebra will be infiltrated, and the consequences will be similar to those of Pott's disease.—*Bost. M. & S. Jour.*

BRONCHOCELE TREATED BY THE SETON.—Mr. Henry Smith (*Lancet*, January 5, 1884), *Can. Med. and Surg. Journal*, reports two cases of bronchocele successfully treated by the seton. The first case was that of a man who had a great enlargement of the right lobe of the thyroid, which caused cough, dyspnœa, and general weakness, so that he could not attend to his duties. He was advised to have the tumor removed, but refused, so Mr. Smith, after puncturing the tumor with a small trocar, passed a needle around by a double hempen thread through the opening, carried it deeply into the substance of the swelling, and brought it out on the other side. The threads were tied together and left to act as a seton. Great local irritation was produced, accompanied with a free purulent discharge. As there was considerable fever, the seton was withdrawn and a drainage tube introduced. The tumor gradually decreased, and the man left the hospital still wearing the tube. After a time it was taken out, and when the man was exhibited to the students, there was no appearance of the tumor beyond a very slight thickening, and the man was in perfect health. The second case was that of a woman, aged sixty-eight, who had suffered from bronchocele for sixteen years. The tumor involved the whole gland, and produced much distress, with dyspnœa. A seton was introduced and left in for sixteen weeks; free discharge ensued, and the tumor rapidly decreased in size. The difficulty of breathing disappeared, and when shown to the students, there was hardly any trace of the tumor.

OVARIOTOMY IN INFANCY.—Dr. Roemer, assistant-surgeon to the Augusta Hospital, Berlin, has recently published, in the *Deutsche Medicinische Wochenschrift*, a case of ovariotomy performed by him on a child aged one year and eight months. At the birth of the child, the midwife observed that its abdomen was much distended. There was little difficulty in diagnosis, and the pelvis was readily explored through the rectum. The tumor was removed last August, under corrosive sublimate spray; it was "of the size of a child's head" and there was slight adhesion of the omentum. The pedicle was long and thin, and was secured by a double catgut ligature. The right ovary was the seat of disease, the left was perfectly healthy. The tumor was dermoid, containing hair, bone and cartilage. After the operation, the child was tied gently but effectually on to its cot, and opiates were given when required. It was fed on cold milk and wine. The highest temperature was 101.6°; this point was reached on the evening of the second day. On the fifth, the child's bowels were freely opened by five minims of castor-oil administered twice; on the twelfth, the abdominal sutures were removed. The child recovered perfectly. Dr. Roemer gives the following statistics of ovariotomy performed on children. One of the youngest cases next to his own was under the care of Dr. Neville of Dublin: the patient was two years and eleven months old, but only survived the operation for two hours. Busch operated on an infant aged two, Alcott on a child aged three; both cases died. Schwartz operated successfully on a child aged four; Barker on two, and Knowsley Thornton on one aged seven; and Spencer Wells, Cupples, and Chenoweth, each on one child eight years of age.—*Brit. Med. Jour.*

[To these should be added one by Dr. Hingston, of Montreal, on a child eight years of age, with recovery.—ED. LANCET.]

TREATMENT OF TONSILLITIS—Dr. S. Solis Cohen, (*Med. News*), gives the following treatment, which he says is pursued at the Philadelphia Polyclinic with eminent success:

1. In simple inflammatory tonsillitis, take two fluid drachms each of the ammon. tinct. of guiac. and the comp. tinct. of cinchona, mix with six fluid drachms of clarified honey and shake together until the sides of the vessel are well coated; add gradually a solution of eighty grains of chlorate of potassium in four ounces of water, shaking meanwhile. This is to be used as a gargle every one-

half to three hours. Relief is usually experienced within a few hours and recovery is prompt. A saline cathartic may accompany the use of the gargle. None of the cases seen suppurated, and if seen within the first twenty-four hours such incidents are very unlikely.

2. In rheumatic or constitutional tonsilitis (characterized by intense pain in swallowing, causing great accumulation of saliva unwillingness to swallow, with slight, perhaps no congestion of throat and subsequent fever ; one or both tonsils becoming enlarged after some hours as the febrile symptoms decline, and muscular or joint rheumatism sometimes develop later), after a saline cathartic, give the following in tablespoonful doses every two hours.

R	Sodii salicylate,		ʒ ij.
	Ol. gaultheriæ		M j,
	Liq. ammon. citrat.,		
	Syrup simp.,	aa	℥ ij.

Lengthen the intervals as the pain subsides. Pieces of ice or guiac gargle promote comfort, and the stiff neck is best relieved by faradization. Salicylate of quinia or cinchonidine may be substituted for the above if a tonic be required, in five-grain doses every four to six hours.

Local Application of Vaseline in Scarlet Fever.—Dr. J. B. Johnson (*Med. and Surg. Jour.*) says : I have found nothing so efficient in relieving the burning and itching sensations of the eruption of scarlet fever as the inunction of the whole body with vaseline. The vaseline is simply used by being well rubbed upon the surface of the body with the hand once or twice a day, and continued as long as the patient complains of burning and itching of the skin. These inunctions soothe and calm the patient in an astonishing manner, and are rarely required beyond two or three days. On the appearance of the stage of desquamation, I have the whole body well sponged once a day for a week with the following wash : ℞. Hyposulphite of soda, ʒ viij ; carbolic acid, No. 1, ʒ j : glycerine, ʒ jss ; aqua, ℥ viij. M. S.—Shake well, and sponge the body well, after the wash has been made tepid by placing the vial containing it in a pan of hot water.

The sponging should be conducted in a room of equal temperature ; and immediately after each sponging the body should be well dried with a soft towel, and the patient protected against taking cold. This process should be continued for at least a week ; and it has not only the advantage of healing the new skin, but also lessens the infectious character of the period of desquamation.

The Danger of using Iodide of Potassium Internally and Calomel Locally at the same time.—In the *Lancet* for March 29th, Mr. T. Davies Pryce, of the Nottingham Dispensary, records the case of a little girl suffering with chronic interstitial keratitis, who ceased attending at the institution after having been under treatment for four months, and having improved satisfactorily under the internal use of iodide of potassium and corrosive sublimate, with the occasional instillation of atropine. After an absence of three months she returned, and the condition of the eyes was then such as to call for further treatment. The internal treatment was resumed, and calomel was dusted into both eyes, to reduce enlarged conjunctival vessels. On the following day she was seized with a sharp conjunctivitis of the right eye, injection of the circumcorneal zone, and vascular extension on to the cornea. There was vascular irritation of the other eye, but no actual inflammation. Mr. Pryce speculates as to the cause of the conjunctivitis. Dismissing the idea that the simple insufflation of calomel was sufficient to give rise to the trouble, and having satisfied himself that the calomel did not contain corrosive sublimate, he inclines to the conclusion that an iodide of mercury was formed by a reaction between the iodide of potassium circulating in the blood and the calomel applied to the conjunctiva. He refers to similar cases published by M. Hennequin and M. Lagarde, both of whom attributed the result to the formation of an iodide of mercury in the manner suggested. In one of their cases actual sloughing of the conjunctiva took place.—*N. Y. Med. Journal.*

Death from Passage of Air Through the Uterine Veins.—The patient was a healthy powerful woman bearing her second child. The labor ran a normal course, the patient being in the left-sided position. Immediately after the expulsion of the fœtus the patient was turned on to the back and the uterus pressed upon. The placenta followed quickly and easily, but immediately afterwards convulsive movements supervened and the patient became unconscious. Deep collapse and superficial respiration followed, and then death, notwithstanding all efforts. At the necropsy bubbles of air were found in all the veins of the neck, of the heart, even to the finest branches, as well as in the uterus, so that the diagnosis which had been made of cardiac paralysis from entrance of air into the circulation was proved to be correct. As neither catheter nor vaginal tube had been passed into the genital pouch, Dr. Gustav Braun, of Vienna, whose case it was, gave the following explanation : At the change of position of the patient, air found its way through the gaping vulva, the massage of the fundus uteri separated the placenta and forced it out again, but it again entered on relaxation of the uterine walls, and was forced into the uterine veins by the continued massage. The author believes that many cases designated as collapse, *post partum*, and many of sudden death in child bed and labor, are explained by the supposition of the entrance of air into the uterine veins. —*Med. Press and Circ.*

SUBCUTANEOUS INJECTION OF IRON.—Experimenting on the behaviour of iron within the animal system, Dr. Glacoeke reports in the *Archiv. fur Experimente Pathologie und Pharmakol.*, that he has found the ferrum citricum oxydatum to be the best form of iron for subcutaneous injection. No reaction takes place at the site of the puncture. The iron is excreted through the kidneys, not through the glomeruli, but through the epithelium of the tubuli uriniferi. The excretion is complete within twenty-five hours. The liver to a greater extent takes part in the elimination. The injections are made in the long dorsal muscles or in the nates. The solution should not be more than one month old, and for adults doses of 1½ grains in a 10 per cent. solution are recommended. In the case of an extremely chlorotic girl, in whom the proportion of hæmoglobin in the blood was 38 per cent. of the normal, it rose after fifty four injections to 82 per cent., and the patient had in the meantime gained sixteen pounds in weight; the menses also, which had been absent for nine months, returned. Good results were also obtained in a case of secondary anæmia from hæmorrhage from the stomach. If too much iron be injected, toxic effects may be manifested, in the shape of general *malaise*, vomiting and weakness. Diarrhœa may also come on.—*Medical Press.*

TREATMENT OF DIPHTHERIA.—Prof. Da Costa says that bichloride of mercury, gr. $\frac{1}{20}$—$\frac{1}{8}$, every two or three hours, has given him most success in its treatment, though he recommends a saturated solution of chlorate of potassium combined with tonic doses of iron and quinine, where the membrane is not spreading. The best gargle is a solution of thymol, gr. xx to the ounce of water, with a little glycerine added; this may require weakening. Boracic acid in solution is the next best gargle. But one case of tracheotomy, in his experience, performed for laryngeal diphtheria, survived (a boy, aged 11), and he has almost ceased urging it on parents, except in older children. Prof. Da Costa heard Trousseau say, "Fifty cases of nasal diphtheria mean fifty cases of death," but has had cures enough to make him approach a case with more hope and determined to continually inject the posterior nares with the following:—

R. Sodii sulphit.......................ʒ iij
Glycerini..............................ʒ ij
Aquæ..........................q.s. ℥ iv. M.

—*Col. Clin. Record.*

PRURITUS AT THE MENOPAUSE. — The pruritis so often observed in women at the menopause, or change of life, is well known to be excessively rebellious to treatment, and the suffering caused by the affection, morally and physically, is often very serious. It is nothing uncommon to see women in the greatest prostration and despondency from the loss of sleep and appetite produced by an insupportable itching. The practitioner has often been disappointed at the little results obtained from the employment of remedies recommended by the greatest authorities, and both patient and attendant despair of success. Dr. Cheron highly recommends the following ointment where the pruritus is localized to axilla, the vulva or thighs, or the abdomen. He declares that if this pomade is applied morning and evening the affection will yield to its influence.

Veratrine, grs. iij.;
Axunge, " ℥ j.

When the pruritus is general over the body, he advises the veratine to be given internally in pills.

Veratrine, ⅓ gr.;
Liquorice powder, q. s.

For 40 pills. 2 to 6 a day.—*Med. Press.*

ADVERTISING PRACTITIONERS.—We are flooded every week with handbills, pamphlets, and newspaper advertisements by practitioners whose names appear in the Medical Directory. These are sent to us by medical men who are jealous for the honor of the profession, and who leave to vulgar quacks the proclamation of their wares and the glorification of their powers. We must not shut our eyes to the fact that we have to deal with men whose titles may be in the Register, but whose tactics are those of the market-place. It is pitiable indeed to find the members of a learned profession plying the arts of a low trade and thriving on the ignorance and fears of the public. We shall be asked what can be done to punish such offenders and abate their numbers? Much is done by themselves to effect their practical disrobement. They may remain on the Register, but not the less are they out of the pale of professional society and classed with market-place pretenders. Henceforth we advise respectable medical men, who are naturally shocked by these practices, to send copies of the bills and advertisements to the presidents of the corporations whose diplomas are thus prostituted, and to urge upon them some rebuke of the offenders.—*Lancet.*

[We most fully and cordially endorse the above statements and regret to say that similar practices are too common in Canada.]—Ed. CANADA LANCET.]

THE SURGICAL TREATMENT OF CEREBRO-SPINAL LESIONS.—On the evening of the 6th instant, Dr. William Macewen gave a clinical demonstration, in his wards at the Glasgow Royal Infirmary, to the members of the Southern Medical Society, on cerebro-spinal lesions and their surgical treatment. Fourteen examples of such treatment were presented, and eleven patients shown who had recovered from various cerebral and spinal affections under operative interference. The cases comprised compression of the brain from hemorrhage in various parts, abscess of the brain and its membranes, epileptiform seizures from tumour of the dura-mater, hemiplegia, and paraplegia. Cerebral localisation of function guided the operator to particular lesions, and so successfully, that operative measures were invariably followed by good results. In the majority of the cases, Dr. Macewen employed reimplantation of bone to hasten the cure, and with success. The demonstration excited the greatest interest among those present, and all congratulated Dr. Macewen on his cases; for it was apparent that in his hands the prudent and judicious employment of the trephine, under the guidance of cerebral localisation of function, and backed by rigid antiseptic precautions, had undoubtedly saved many of the patient's lives.—*Brit. Med. Jour.*

ATROPHIC NASAL CATARRH.—Dr. Carl Seiler *(Med. and Surg. Reporter)* says regarding the treatment of this affection, the stimulation of the serous glands to a normal action may be brought about by a variety of remedies, such as astringents in various strengths; but in my experience the insufflation into the anterior nasal cavities of finely powdered nitrate of silver, diluted with starch powder has given the best results. Where there is complete absence of the lower turbinated bones, the introduction of a wad of absorbent cotton, which is to remain until washed out, and then be re-introduced by the patient himself, often aids in the stimulation by continually irritating the mucous surface with which it is in contact. Next in effectiveness to the silver powders, I have found a weak solution of ferric alum in the form of a spray thrown into the nasal cavities, and the natural iron water of Cresson springs is peculiarly adapted for these cases.

The internal administration of small doses of bromide and iodide of potassium in combination, on account of their influence upon the nasal mucous membrane, will greatly aid the local treatment. At the same time we must look to the general health of the patient, and administer tonics when their use is indicated. Whenever practicable a change of air should be advised, and the mountain resorts are preferable to the seashore in all cases of catarrhal inflammation of the upper air-passages, especially where the climate is a dry one.

A treatment such as this, carried out for several months, has given, in my hands, most satisfactory results.

THE DANGERS OF NERVE-STRETCHING.—In a recent number of the *Annales de Chlarité*, Westphal reports the following case: A man aged 31, suffering from paralysis of the lower extremities, with spasmodic phenomena (starting of the limbs, exaggeration of deep and superficial reflexes, disturbance of sensation), was submitted to the operation of stretching the right crural nerve. Immediately after the operation a transient loss of the knee-jerk was noted, with stiffness of the muscles of the right limb. But incontinence of urine and stools with contracture of the flexor muscles, and the appearance of a large slough at the site of the operation also appeared and endured. The patient succumbed three years afterward. At the autopsy the brain, the pons, and the medulla oblongata were found to have islets of degeneration; the cervical and dorsal segments of the cord were the seat of a diffuse degeneration, which attained its maximum in the middle part of the dorsal region; finally, the right half of the lumbar enlargement was sown through with numerous foci of degeneration, which Westphal considered as in all probability produced by the laceration resulting from the stretching of the right sciatic nerve. The weight of the authority makes the case worth recording in regard to the possible dangers of nerve-stretching. —*Gaillard's Medical Journal.*

A CASE OF OBSTRUCTION OF THE BOWELS, lasting eighteen days, was relieved by Dr. Botley (*Le Progres Medicale*) by means of electricity. Mme. H. aged 77, after a few days of constipation, was taken with complete obstruction, for the relief of which all ordinary methods were tried in vain, and the question of making an artificial anus was considered, as she daily became weaker with intense tympanites and stercoraceous vomiting. It was decided, however, to try electricity first. On the 17th day an induction current was used, one pole in the rectum the other over the bowels for fifteen minutes; in the evening slight colic was felt, indicating the return of action in the bowels. Next day another application of electricity was made, lasting only twelve minutes, on account of colicky pains produced by the current. A passage was effected the next morning, lasting two hours, consisting of at first hard masses, then soft, accompanied with intestinal gases.—*The Weekly Med. Review.*

PERNICIOUS ANÆMIA.—Prof Da Costa has had large experience with idiopathic (pernicious) anæmia. He has observed that pregnant women are most disposed to it. The cause of the disease is unknown; he has had cases with and without degeneration of the gastric tubules. He had noticed in the Pennsylvania Hospital, long before this fact was published by others, that a fever develops without other cause. This fever is apt to be of long continuance. The books give the duration of this disease as too short; the duration is several years, as a rule, though it may run a more rapid course in pregnant women. His belief in the fatality of the prognosis is very strong, and he doubts the diagnosis in all the reported cures he has read of; but is much more hopeful than formerly concerning the probability of prolonging life. The greatest possible attention must be paid to obtaining a blood-making diet. Freshly-drawn bullock's blood is advantageous, where it is not too offensive to the patient. A sea voyage is of great benefit. Manganese is useless; iron in very large doses, of some value; and arsenic in small doses, long continued, has given him better results than any other remedy. In the later stage, when transfusion is bruited, he discourages it, for improvement from it is only very temporary.—*Col. and Clin. Rec.*

METHOD OF REMOVING NASAL POLYPI.—Dr. William Ralph Bell, *Can. Med. Record*, Feb. '84, says: "I take the liberty of bringing the mode of treatment before the notice of your readers, which I have practiced, with the very best results, in several cases. It obviates any trouble from hemorrhage, which is frequently the case when the forceps or hook is used; it is painless, and very simple. I get my patient to blow strongly through the affected nostril, closing the other with his finger. The polypus will be brought down so that it can be easily seen through the external nares; then with my hypodermic syringe charged with a solution of tannic acid in water (of the strength of twenty grains to the fluid drachm), I pierce the polypus with the needle, and inject ten, fifteen, or twenty minims of solution, according to size of tumor. In a few days the polypus shrivels and dries up (tanned); it comes away without any trouble or pain, and looks like a clot of dry blood, my patients usually removing it by blowing the nose, or by their fingers. In only one case, that of an old lady, had I occasion to remove it myself, and in her case I think she was afraid to do so, for when I seized it with dressing-forceps I was required to make no traction to bring it away."

Prof. Bartholow said, in a recent lecture, "Creasote is curative—I use the word advisedly—in a small proportion of cases of the more chronic form of tuberculosis, and decidedly ameliorative in the rest, being useless in tuberculosis florida." He vaporizes it with iodine, by means of hot water (120°), and the patient inhales the vapor slowly and deeply, from a distance of from fifteen to twenty-four inches from the vaporizer. Or gr. iij-v may be given in a pill with tolu, three or four times a day, the dose being gradually increased until the urine is darkened. It is most valuable in chronic cases before the stage of softening. Its action is its influence on the bacillus tuberculosis, the Professor said, and the physicians of the Montpellier (France) school find it to be better than carbolic acid, for consumption.

TO DESTROY THE ODOR OF IODOFORM.—Dr. Louis Lewis, of Philadelphia, in the *Med. Bulletin* states that the intense odor of iodoform is almost destroyed by the admixture of oleate of zinc, in equal proportions. As the application of this preparation of zinc is suggested in many cases calling for the employment of iodoform (such as phagadenic ulceration, chancroid, etc.) I have ventured to call attention to the fact, more especially as iodoform is too irritating in many cases when used alone. The combination forms an excellent powder, soft and bland; and supplies its own moisture, in contact with the diseased surface, by virtue of the oleic acid.

SPLENECTOMY.—Mr. Knowsley Thornton removed a multilocular cystic spleen by abdominal section (median incision) at the Samaritan Hospital on Tuesday the 16th inst. The patient was a single girl, aged 19, and the tumor had been slowly growing for two years. Latterly it had increased much more rapidly, and caused considerable amount of pain. The patient is progressing satisfactorily. During the tying of the pedicle she suffered severely from shock, and for some minutes her life was in danger, but she revived directly the tumour was cut away, and the drag taken off the pedicle. The specimen will be shown and the further progress of the case reported at the Pathological Society.

SALICYLATE OF SODA IN PHLEGMASIA ALBA DOLENS.—D. Miguel Vigar (*La Correspondencia Medica*) says that of four cases of phlegmasia alba dolens which he has had occasion to treat, in the first with the topical remedies usually employed he obtained no result attributable to the medication, since the patient remained in bed two months; and that in the other three, having employed the salicylate of soda, in the dose of 4 grammes (60 grains) a day, he noticed in all, from the first day of taking the medicine, notable diminution of the fever and œdema. Neither of these patients passed more than twenty-one days in bed, and no œdema, nodosities, or thickening of the lower limb remained.—*Lond. Med. Record.*

THE ACTION OF QUININE UPON THE EAR.—Dr. Green (*Boston Med. and Surg. Journal* March 2, 1882) has an interesting and timely paper upon the above subject, and formulates his conclusions as follows: 1. Clinical experience the world over is, that *quinine* occasionally produces serious injury to the ears. 2. From our present knowledge, both clinical and experimental, we are justified in asserting that the action of *quinine* upon the ears is to produce congestion of the labyrinth and tympanum and sometimes distinct inflammation, with permanent tissue-changes. 3. The action of the drug upon the ears should always be considered in prescribing it, and changes in the ears, due to existing or previous inflammation of those organs, constitute a contra-indication to the medicine in large doses or for a long time, except under urgent circumstances. 4. Where large and continuous doses are absolutely necessary, an occasional intermission of the administration is desirable, if possible, to diminish the risk to the ears.—*N. Y. Med. Jour.*

CLEANLINESS IN SURGERY.—In an article on Operations for Myofibromata of the Uterus, Dr. Bigelow, speaking of the use of antiseptics says: "Perfect cleanliness is a preventive of decomposition, and its value can never be over-estimated. I myself believe that with a temperature in the operating room of 80″ F., with plenty of hot water for instruments, sutures and appliances, with hands cleansed with ordinary brown soap, with a skilled operator and with a perfect observance of detail in cleansing the cavity, a good result will follow as certainly as if Listerism in any of its forms had been practised."

Prof. Da Costa considers the salicylates are not nearly as effective as salicylic acid in the treatment of rheumatism. If it does not do good in three or four days it becomes risky, and the plan of treatment should be changed. Prof. Bartholow finds the following more efficient than salicylate of sodium alone:—

℞. Acid. salicylic ....ʒ ij
Sodi bicarb..........................ʒ j
Aquæ....... ....℥ ij M.
SIG.—Dose, one to two teaspoonfuls.

A RELIABLE TÆNIAFUGE.—Mr. J. B. Lawson reports good results from this in the *Glasgow Med. Journal*, January, 1884:

℞ Extracti filicis maris.........ʒiss
Pulveris kamelæ..............ʒij
Mucilaginis acaciæ...........
Syrupi simplicis, *aa*.........ʒij
Aquæ cinnamomi, ad.... ...℥iij
M. S. Half to be taken at bed-time, and the other half early in the morning.

Prof. Gross teaches that if the brain is penetrated by a ball, the rule to let it alone is an exceedingly bad one. Investigation has shown that the brain can be handled to a considerable extent with impunity, and there is a great future for operations within the cranial cavity, he says. Prof. Moses Gunn, of Chicago, leans toward the same opinion, in his lectures to his classes.—*Col. and Clin. Record.*

TEETHING—BROMIDE OF SODIUM.—A few grains dissolved in a tumblerful of water, so that each teaspoonful may represent a half grain, will quickly quiet the nervous disturbance of teething infants, or fever not dependent upon the onset of an inflammation or other grave trouble, but rather such as many follow excitement of any kind. The dose should be repeated every ten or fifteen minutes.—*Medical Summary.*

A NEW INJECTION FOR GONORRHŒA.—This sedative and antiseptic injection may be used even in the acute stage, with good results. It is claimed to be superior to any other single injection:

℞ Pulv. iodoformi, 20;
Acidi carbolici, 10;
Glycerini, 80;
Aquæ destillatæ, 200. M.
—*Campana.*

IODIDE OF POTASSIUM IN PSORIASIS.—Greve states (*Tidsskrift for praktisk Med.*) that psoriasis is always curable by large doses of iodide of potassium. He begins by small doses until the remedy is tolerated, and gradually increases the dose until he gives as much as thirty to forty-five grains. The curative effects are then evident.—*Practitioner.*

JENSEN'S CRYSTAL PEPSIN.—The knowledge of the value of this variety of pepsin is rapidly extending. Recently the United States Marine Hospital Service has ordered three kilos of it at once, to be put up in 2.5 gramme bottles. Dr. Jensen has devoted many years of close attention to perfecting his product, and it now stands with the very first in its line.

REMEDY FOR COMEDONES.—The remedy is acetic acid which is conveniently applied in the following way: Make an ointment of kaolin (potter's clay), four parts, glycerin, three parts, acetic acid, two parts. Cover the part affected in the evening; after several days most of them come out by washing with pumice soap.—*Am. J. Phar.*

Prof. Da Costa teaches that Addison's disease is not any indefinite affection of the supra-renal capsules, but a certain pathological process in them—a low grade of inflammation leading to cheesy degeneration. He, personally, has had best results from treatment with arsenic and cod-liver oil.

No case should be given up as an incurable in which only single remedies have been employed. It often happens that syphilitic patients who exhibit no kind of improvement under iodide of potassium will get rapidly well if submitted to the influence of mercury; and many other instances might be cited.—*Med. Press.*

Prof. Brinton says: "Corrosive sublimate is the coming antiseptic. I have always looked with a certain amount of disbelief on carbolic acid, but this idea of corrosive sublimate is one I can take hold of."

THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science
Criticism and News.

Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.

AGENTS.—DAWSON BROS., Montreal; J. & A. MCMILLAN, St. John, N.B.; GEO. STREET & Co., 30 Cornhill, London, Eng.; M. H. MAHLER, 23 Rue Richer, Paris.

TORONTO, JUNE, 1884.

The LANCET *has the largest circulation of any Medical Journal in Canada.*

PNEUMONIA AND VENESECTION.

Amongst the more common diseases it would be difficult to name one more sudden in its onset, or, at times, more rapidly fatal, than pneumonia. It must not, however, be inferred that we regard pneumonia as a peculiarly fatal disease. Considering its great prevalence and the vital importance of the organs chiefly involved, the wonder is that the death-rate is not greater than it is. At all times and under all circumstances, however, it is a grave disease, requiring all the care and skill at the command of the physician.

Universally regarded in the past as a purely inflammatory disease, pneumonia has now come to be regarded by many as a disease constitutional in character—zymotic in fact, having its own local esions, like diphtheria with its membranous formation, or typhoid with its ulceration of Peyer's glands. In support of this view the following arguments are advanced: It is a disease of definite duration, generally ending by a crisis from the fifth to the ninth day, a thorough sweat being folowed by mitigation of all the symptoms, ending n resolution. The fact that some cases linger beyond the usual time is only what happens in all diseases, and is therefore no argument against the new theory. Further, cases prove fatal with but a small amount of lung lesion, for example, involving no more than the lower lobe of one lung. In such cases the local lesion is held to be inadequate as a cause of death, and can only be regarded as secondary. In tubercular phthisis we meet with an mmense amount of lung destruction, and yet the patient often lives on for years in comparative comfort, thus showing that the impairment of a limited portion of lung by inflammation cannot alone be regarded as a cause of death. The chill at the onset of pneumonia, the subsequent high temperature, the cerebral symptoms often witnessed, as in typhoid, are considered additional reasons for classing pneumonia amongst the zymotic diseases. Whether this view be correct or not, one thing is certain, and that is, that we frequently meet cases where the constitutional disturbance is out of all proportion to the local lesion. In such cases, if not in all, the physician who has regard for the general system first, and the lung next, is more likely to be able to cope with the disease than he who regards the lung first and the general conditions after. Many valuable lives have been lost by placing the cart before the horse in the treatment of this disease.

Speculations regarding the cause and nature of pneumonia are highly interesting, no doubt, but of far greater moment to the physician is the question of treatment, and this brings us again on uncertain ground. Here, as in many other cases, modern advances in science avail us but little. Whether we like it or not, we are driven back to the well-worn lines of clinical experience; we have absolutely nothing else to guide us in the treatment of this disease. If we have improved on the treatment of former times (which some deny), we have done so because of a general advance all along the line, rather than by the discovery of anything new having special reference to the treatment of pneumonia. Twenty or thirty years ago Bennett and others imagined that they had discovered a new revelation when they found patients recovering who had not been bled. From this they concluded that bleeding was bad practice and should be shunned under all circumstances. Then followed what may be appropriately called the bloodless era in medicine, so bloodless indeed that thousands of physicians of our time have never opened a vein. After a time a few became bold enough to bleed in puerperal convulsions and some forms of cerebral troubles. More recently venesection in pneumonia and other acute diseases has been revived and strenuously advocated by many of the ablest men in the profession. Indeed, it is safe to add, that so complete is this reaction that but few intelligent physicians hold out as opponents of the lancet under all circumstances. No one desires a return to the indiscriminate practice of venesection, but there is every evidence that it is now regarded by the profession as a valuable remedial agent, to be employed in all suitable cases, not merely in pneumonia but in other diseases as well, presenting the proper indications of course.

No one proposes to bleed simply because the patient has pneumonia or acute meningitis. If the pulse is weak and the system already reduced, the lancet is to be withheld. On the other hand, in the full-blooded, with a strong, corded pulse, all experience proves that the lancet is unequalled as a restorer of the balance of the vital forces. Dr. Atlee, late president of the American Medical Association, writes as follows : " In the early stage with a full, corded pulse, there is no substitute for the lancet. . . . In high febrile excitement it *unloads* the system, restores the suspended normal secretions, and awakens in it the dormant susceptibilities to the effects of our medicines The fear of debility has caused the death of thousands. . . . I cannot believe that the loss of ten or twenty ounces of blood in the commencement of an acute disease—as, for instance, pneumonia, when the blood is driven into the delicate tissue of the lungs, already filled to repletion by the previous congestion ; which loss will not only relieve the congestion, but lessen the reaction, by weakening the power of the heart—can produce as much real debility as the progress of the inflammation will do if we endeavor to control it by less decided and efficient remedies. It is disorganization and not real debility and exhaustion we have to fear. Some years ago the late Dr. Gross placed on record the following words: " In the course of lectures which I annually deliver in Jefferson Medical College, I dwelt with much force and emphasis upon the employment of the lancet in the early stages of inflammatory affections involving important structures before they have been overwhelmed by inflammatory exudation. I wish to God that it was in my power to write the sentence in letters of fire, upon the brain of every practising physician and surgeon in the civilized world." These are strong and weighty words coming from such eminent men as Drs. Atlee and Gross. It would be easy to quote other distinguished authority, in all lands, expressing similar sentiments. In fact all recent writers of note strongly advocate the use of the lancet i acute inflammatory disease.

It is somewhat remarkable, in the face of suc testimony, that venesection is so seldom practised This may be due partly to the fact that the pre sent generation of physicians matured their opin ions at a time when their teachers stood in hol horror at the loss of blood, and believed in storin it up for the evil day to come. As then, so now to use the terse words of Dr. Atlee, " the *fear* o debility" still haunts our imaginations and cause the sacrifice of many precious lives. The sudde deaths from pneumonia, so characteristic of th bloodless era, are due, in a large measure, to th " fear of debility" which prevents the " unloadin of the system," so as to restore the suspended no mal secretions, and awaken in it the dormant su ceptibility to the effects of our medicines."

To be of service, blood-letting must be properl performed. The patient must be held in the si ting posture and bled until the approach of fain ing, which requires the withdrawal of from ten t twenty ounces. Unless in the very robust, it i seldom advisable to repeat the operation a secon time. After the fourth day it is generally hel that venesection will do more harm than good i pneumonia. At the beginning of the disease the golden hour, but we do not always see o patient then. When we do it is our duty to giv him the benefit of this mode of treatment, provi ed the case is within the rules laid down for gui ance.

LIBELLING BRITISH INSTITUTIONS

In a recent editorial in our contemporary of th city on the subject of some changes proposed i the curriculum of the Ontario Medical Counc the following gratuitous insinuations are ma against the examining board of the Edinburg College, although the writer has not the man ness to name the college in question. Happily t circulation of the journal in which the article a pears is very limited, so that little harm will ari in consequence of any such random utterances those quoted, of parties utterly uninformed on t subject on which they presume to speak *ex-cathedr*

The following is the passage referred to :—" is well to remember, at the same time, that t Council in its honest endeavours to raise t standard of medical education is sadly handicapped by the procedures of a certain Examining Board, an institution which is a disgrace to the classic city of Edinburgh as well as the whole United Kingdom, which is apparently willing to accept and pass anything from this continent, when the sufficient number of guineas is at the same time forthcoming."

By way of reply we subjoin a few of the figures presented by Dr. Aquilla Smith, at the meeting of the British Medical Council held in London in March last. The figures given are the percentages of rejections of the principal English, Scottish, and Irish Examining Bodies during the year 1883. The Royal Colleges of Physicians and Surgeons of Edinburgh (conjoint examinations), rejections, 47 per cent.; the Royal College of Surgeons of Edinburgh, 47; the Faculty of Physicians of Glasgow, 43; the Royal College of Physicians of Edinburgh and the Faculty of Surgeons of Glasgow (conjoint), 42; the Royal College of Surgeons of England, 36; the Royal College of Physicians of London, 30; the Royal College of Physicians of Edinburgh, 29.3; the Royal College of Surgeons of Ireland, 25; the King and Queen's College of Physicians of Ireland, 22.

These figures speak for themselves, and show how high is the standing of the colleges so assailed—colleges whose qualifications, many of the best men of the profession, the civilized world over, wear with a pride not to be wondered at. The cause of our Ontario Medical Council, a body which has our warmest sympathy and respect, is not to be served, but rather the reverse, by such attacks on the honoured institutions in the motherland; and while we urge every Canadian student to take the Council examinations, we are very proud to see so many of them, after completing their studies here, going to Britain and returning home with well deserved and hard won honours.

THE AMERICAN MEDICAL ASSOCIATION.

The 35th annual meeting of the American Medical Association was held in Washington, on the 6th, 7th, 8th, and 9th ult., under the presidency of Prof. Austin Flint, Sr. The meeting was largely attended, there being upwards of 1,200 members present, and was one of the most successful in the history of the Association. The president's address, as was to have been expected, was able and eloquent, and elicited favorable comment. One of its most important features was the reference to the subject of the code of ethics. He was disposed to put the most charitable construction upon that section of the code relating to consultation with irregular practitioners. He seemed to think there were circumstances in which the demands of humanity should take precedence of the written code. The whole tenor of his remarks on this subject, indicate that in his opinion some change in the present code will sooner or later have to be made. The thread-bare subject of medical education in the United States came in for a share of the president's attention. This has been for a long time a bone of contention, and the profession does not appear to be any nearer a solution of the difficulty than they were several years ago. The real solution is undoubtedly in the establishment of State examinations. It is impossible to expect any reform to come about in any other way, in the face of such a multiplicity of medical colleges as are to be found in the United States.

The work of the sessions was very well sustained. The address in Medicine was delivered by Dr. Shoemaker, of Philadelphia, and consisted of a resumè of the progress of medicine and new discoveries during the past year. The address in Obstetrics and Diseases of Women and Children was delivered by Dr. J. A. Reamy, of Cincinnati, O., in which he gave notes of 231 cases of laceration of the cervix uteri operated upon without a single death. The discussions on the various topics introduced were interesting and instructive, and nothing occurred to mar the harmony of the proceedings. A sudden gloom was cast over the Association at the close of the first day by the announcement of the death of Prof. Gross, of Philadelphia.

A formal invitation was tendered on behalf of the medical profession of the United States to the International Medical Congress to hold its next session in 1887, in the City of Washington. Various resolutions relating to public health and other matters of general interest were duly passed in the general sessions, for example, the Sanitary Regulations of Transatlantic Steamers, grant to the National Board of Health, appropriation to promote researches relating to the causes and means of prevention of infectious diseases, etc. The Journal of the Association came in for a share of criticism, and although the exhibit was not very flattering, the feeling evinced upon the the whole was to give it a trial for another year. Dr. H. F. Campbell, of Georgia, was elected President for the ensuing year, and New Orleans selected as the next place of meeting on the last Tuesday in April, 1885. The following gentlemen were appointed delegates to the Canada Medical Association, Drs. W. S. Tremaine, E. N. Bush, W. Brodie, and H. O. Walker.

Anæsthesia by the Rectum. — This new method of producing anæsthesia first suggested by Dr. Molliere of Lyons, has attracted considerable attention of late. The advantages of such a method in operations about the mouth and throat are certainly very great, rendering it possible to maintain anæsthesia without inconveniencing the operator. It also diminishes in most cases the stage of excitement, lessens the tendency to vomiting, and does away with the uncomfortable local effects following the contact of the vapor with the air passages. But while there are advantages there are also some objections to the method. Among the objections may be mentioned distension of the bowels by the vapor of ether, the tendency to the production of diarrhœa, and the difficulty of regulating the degree of anæsthesia, as there is no means of withdrawing the ether when once introduced into the bowel, and being continuously absorbed after anæsthesia has been already complete, there is danger of serious results. The quantity of ether required to produce anæsthesia by this method is very small, the average being about two ounces. The mode of administering it is as follows: Two ounces of ether are put into a bottle the mouth of which is connected by rubber tubing with the vaginal nozzle of a Davidson syringe, which is inserted into the rectum. The bottle containing the ether is then placed in a vessel of water of about 120°F. The ether boils and the vapor passes into the bowel. It is hardly necessary to say that the bowels should be well cleared out before proceeding to etherize by this method. It is not at all likely that the rectal method will supersede the ordinary way, but it is undoabtedly a valuable addition to it, and one that will prove most serviceable in certain cases.

Cemetries and Warer Supply. — We have received a copy of the *Star and Herald* of Panama in which we find a very interesting letter by Dr. Wolfred Nelson, formerly of Montreal, on the above subject. From this we learn that the native cemetries in Panama are in a most deplorable condition. Fully one-half of the dead are buried without coffins. Coffins are secured at a small rental for the funeral; at the grave the dead are taken out wrapped in a sheet and buried. The coffin is returned to the shop of the undertaker, in its turn to serve as a disease-producing factor. Owing to the smallness of the lot, in twelve months or less, the coffins, or bones, or both, as the case may be, are rudely disturbed to make way for "new arrivals" and are cast out of their temporary homes. Within that lot one sees scattered about coffins, pieces of coffins, bones, skulls, parts of clothing, etc,, etc. For decency's sake they are gathered together occasionally, and burned, but what of the germs? This goes on under our intertropical sun, with an average yearly temperature of 84° in the shade. Can health be expected under such circumstances? These germs in millions are cast loose from what should be their final resting place, and fly abroad to cause new diseases and death. Surely there is great need of sanitary reform in such a community as this, and Dr. Nelson has certainly earned the thanks of the citizens for his efforts on their behalf.

Manitoba Medical College.—The first session of the Manitoba Medical College was brought to a close by a grand dinner being given at the Douglass House, Winnipeg. About sixty invitations were issued and all the leading physicians in the city besides gentlemen connected with the educational interests of Manitoba were present. Few medical schools have been started under more favorable circumstances, not only as regards numbers in attendance, but also from the high educational status of the students generally. During the past session eighteen students have enrolled their names on the college register, and a number of applications of second year men from Ann Arbor Medical School Mich., also from the Toronto Schools of Medicine have been received, and there is every prospect of a very large attendance next session. The following are the professors and lecturers of the college: Dr. Kerr, Dean and Prof. of the princiles and practice of surgery ; Dr. Jones, Prof. of rinciples and practice of medicine ; Dr. Blanchard, rof. of anatomy ; Dr. Good, Prof. of clinical surg- ry ; Dr. Whiteford, Registrar and Prof. of clinical edicine ; Dr. A. H. Ferguson, Prof. of physiolo- y ; Dr. Brett, Prof. of materia medica and thera- eutics ; Dr. R. B. Ferguson, Prof. of obstetrics ; r. Sutherland, Prof. of medical jurisprudence ; r. Patterson, Prof. of hygiene and public health ; . Fawcett, B. A., Prof. of chemistry ; Dr. McDiar- id, Demonstrator of anatomy.

Beef Peptonoids.—A recent improvement has een made in this valuable preparation by the anufacturers which consists in the addition of the olids of milk. It is composed of dry lean of eef, one-third ; solids of milk, one-third ; and luten of wheat, one-third ; all of which are par- ially digested or peptonized. Prof. Attfield of ondon, Eng., has recently made a careful analysis f this preparation and states that it contains the ubstances named in the quantities above given, nd that it is easily and wholly digested when aken into the stomach. He concludes his report s follows :—It is by far the most nutritious and oncentrated food I have ever met with. Indeed, palatable and assimilable and in every way accep- ble article of food, containing nearly 70 per cent. f truly nutritive nitrogenous material partially eptonized has never before, to my knowledge, een offered to the medical profession or to the ublic. Dr. Stutzer of Bonn, who has also ex- mined this preparation says that the results of his nalyses are such as to enable him to pronouuce eef peptonoids to be a *most valuable* and *easily igested* nitrogenous food for invalids and convales- ents

Toronto University Examinations.—The ollowing are the names of those who have passed he medical examinations at Toronto University, n the various years :—

First Year.—Green, W. D. ; Reid, J. B. (æq) *cholarships ;* Bremner, F. P. ; Drummond, H. E. ; twood, J. H. ; Ege, A. ; Johnston, D. ; Keane, M. . ; McMahon, J. A. ; Olmstead, I. ; Perfect, A. H. ; ewart, W. O. ; Walters, W. R. ; Watson, W. R. ; dic, A. B. ; McKay, A. E. ; Thompson, A. B. ; rnburn, J. D.

Second Year.—Peters, G. A. *(1st scholarship)*; hnston, D. R. *(2nd scholarship)* ; Bigelow, A. W. ; rlyle, J. C. ; Caven, W. P. ; Greig, W. J. ; Hamilton, H. J. ; Marty, J. ; McKenzie, D. ; Mustard, J. W. ; Noecker, C. T. ; Parker, S. G. ; Peaker, J. W. ; Weld, O. ; Little, H. E. R. ; Britton, C. H. ; Macoun, J.

Third Year.—Howel, J. H. *(1st scholarship)* ; Carr, L. *(2nd scholarship)* ; Bourke, D. ; Broadfoot, A. ; Cane, F. W. ; Carveth, G. H. ; Kinsley, A. B. ; Krick, C. A. ; Minchin, D. J. ; Webster, H. E. ; Saunders, M. R. ; Hoople, H. N. ; Staebler, D. M. ; Bascom, H. ; Cherry, G. A.

Final.—Clerke, J. W. *(Gold Medallist)* ; Johnston, J. ; McKenzie, A. F. ; Patterson, J. W. ; Spence, J. ; Stewart, S. ; Stewart, R. L. ; Bray, J. ; Draper, J. S. ; Bingham, G. A. ; Knill, E. G.

Powdered Extracts.—A full list of powdered extracts is much needed. These, pharmacy can and ought to provide. For the druggist they are almost as convenient as fluids, while for the country physician they are infinitely more so. They are soluble in water and other fluids and hence are available for mixtures. Indeed when we consider their merits, the wonder is that the extracts have not been called into more extensive use. Of late years they have been coming into favor in the United States, especially in that section having Chicago for its centre. One manufacturing firm, at least, in that city, makes a specialty of powdered extracts. The Canadian manufacturing chemist who first occupies this field, and places his preparations prominently before the profession, is certain to be rewarded for his enterprise.

Menthol Points.—This new remedy for neuralgia, etc., which we noticed in the April number of the Lancet under the head of " Neuralgia Pencils," has been introduced to the medical profession in this city by Mr. Robinson, chemist. Menthol, the crystallized camphor of Japanese oil of peppermint, is applied locally, and for its more convenient use is formed into small cone-shaped pencils mounted in boxwood handles, similar to nitrate of silver pencils. The mode of application is to gently rub the point over the painful part, when a slight prickling impression of burning will be produced, followed in the course of one or two minutes by a pleasantly cool sensation, and an entire alleviation of the pain.

Packer's Tar Soap.—This excellent soap has now been before the profession for some time, and its merits have been thoroughly tested. There is none in the market equal to it for use in skin diseases, especially where tar is indicated in the treatment, as for example in eczema, herpes, erythema, etc. We were led to make use of it from the very high recommendation given to it by Dr. Bulkley of New York, Dr. Mundè, and others, and our experience of its use in practice has been very gratifying. It is an excellent deodorizer and disinfectant.

Honor to whom, etc.—The following distinguished members of the medical profession received the degree of LL.D. from the University of Edinburgh at the recent tercentenary celebration :—Fordyce Barker, S. D. Gross, J. S. Billings, Sir W. Bowman, Sir Andrew Clark, Cheveau, (Lyons), Erichsen, Sir W. Gull, Haeckel, Dr. Haldane, Halle, Houghton, (Dublin), VonHelmholtz, Jenner, Keith, Marshall, Maudesley, Paget, Pasteur, Fettinkoffer, Priestley, Rawlinson, Schmildsberg, Smith, Stokvis, P. H. Watson, (Edin.) Virchow, and Wilks.

Quebracho in Asthma.—This drug has been for some time before the profession as a remedy for asthma. Prof. DaCosta, of Philadelphia, has had very satisfactory results from its use in dyspnœa, and states that it has been especially serviceable in two classes of cases. 1. In purely nervous asthma. 2. In cases in which a heart lesion has produced failure of cardiac contraction, and consequent congestion of the lungs. He thinks it must be regarded either as a heart tonic, or a nervine to the respiratory centre. The dose is twenty minims of the fluid extract every hour, until relief is obtained, when it is given at longer intervals.

Malpractice Suit.—We are pleased to learn that Dr. Arnott, of London, was successful in the suit for malpractice brought against him by a patient named Ingraham. The case was one of dislocation of the ankle with fracture, and was treated by a plaster of Paris splint, but the patient was dissatisfied with the result, and hence the action. It was shown by the defence that the treatment was most judicious, and that the bad results were due entirely to want of care and necessary rest of the injured limb on the part of the patient. We congratulate the doctor on the result.

Appointments.—Dr. V. H. Moore, of Brockville, has been chosen representative of Queen's University, Kingston, on the Ontario Medical Council, *vice* Dr. McCammon, resigned, owing to his having accepted a Professorship in the Kingston Medical School. Dr. D'Orsonnens, President of the Victoria Medical School, Montreal, has been appointed to the chair of Obstetrics, *vice* Dr. Trudel, deceased. Dr. A. W. Cogswell has been appointed House Surgeon to the Halifax Hospital, *vice* Dr. Smith, resigned.

Halifax Medical College. —The following gentlemen have passed their professional examinations. The total number of students in attendance during the past session was 35 :

M. D. C. M.—J. W. Reid (Faculty prize), A. W. Cogswell, J. Weir, J. M. Gourley, J. McKenzie.

Primary.—A. J. Fuller, J. W. N. Baker, A. J. Murray. D. Murray and D. McLeod passed in all branches but physiology.

Ontario Board of Health.—We have much pleasure in announcing that Dr. C. W. Covernton of this city has been appointed Chairman of the Ontario Board of Health. The appointment is a good one, and cannot fail to give satisfaction to the medical profession of Ontario. The retiring members have been re-appointed, and Dr. Bryce, Secretary, has been appointed a member of the Board.

Ontario Medical Council Matriculation.—The regulations recently issued by the Minister of Education, Ontario, contain a paragraph defining the examination required by candidates for the matriculation of the College of Physicians and Surgeons of Ontario The subjects named are those decided upon by the Medical Council some years ago, viz. : English grammar, literature and composition, dictation, arithmetic, algebra, euclid, history, geography and Latin.

Corrosive Sublimate in Diphtheria and Croup.—In the N. Y. *Med. Journal*, April 19th, '84, Dr. Thallon, of Brooklyn, has an article on the treatment of diphtheria and croup by the internal administration of bichloride of mercury. The dose is from one-tenth to one grain during the twenty-four hours. Other drugs, as alcohol, opium, quinine, are to be used when indicated. He claims excellent results in his own practice, as well as in that of Dr. Skene, since adopting this plan of treatment.

BISHOPS MEDICAL COLLEGE, MONTREAL.—The llowing are the names of the successful candiates in medicine :

PRIMARY:—F. R. England, (David Scholarship); . E. Parent, S. Riopel, W. G. Nichol, E. O. Larriere and J. F. Gore.

M. D., C M :—E. E. Bronstorph, (Wood and elson, gold medals), R. C. Blackmer, (Chancelr's prize), C. D. Ball, S. Riopel, C. A. Lafonine. W. Patterson, W. H. Drummond, W. A. Macay, J. F. Gore and J. Oglivie.

REMEDY FOR DYSPEPSIA.—The following excelnt prescription for dyspepsia is given by Dr. lfonso in the *Medical and Surgical Reporter* :

Pepsin (Jensen's)	ʒiij.
Acid Tart	grs. v.
Glycerine	℥iss.
Vini Xerici	℥vjss.

Sig.—A teaspoonful after meals.

DEATH OF PROFS. GROSS AND PARKER.—All ur American exchanges contain full obituary otices of the late Profs. S. W. Gross, of Philadelnia, and Willard Parker, of New York. Prof. ross was in his 79th year and Parker in his 84th. he remains of Prof. Gross were cremated.

Dr. J. Fulton of the CANADA LANCET, sailed for urope on the 24th ult., accompanied by his aughter. He will visit the hospitals and medal schools of London, Paris and Vienna, and will t return before the end of September.

PARLIAMENTARY.—We are pleased to learn that r. Wilson, who was recently appointed Provincial ecretary of Manitoba, has been elected for South ufferin by acclamation.

CORONER.—Dr. J. A McDonell of Thunder ay has been appointed Coroner for the District of lgoma. David Rose, M.D., of Waterford, has been ppointed Coroner for the County of Norfolk.

Geo. Colquhoun, M.D., of Iroquois, has been ppointed Coroner for the Counties of Stormont, undas and Glengarry.

PERSONAL.—Dr. Geo. Nelson of the Central ospital at Huerta Galla, Panama, has gone to nta Barbara, California, for the benefit of his alth.

BRITISH DIPLOMA.—Dr. Wm. Anglin of Kingon has obtained the M.R.C.S., Eng.

Books and Pamphlets.

"SHAKESPEARE AS A PHYSICIAN." By J. Portman Chesney, M. D., of St. Joseph, Mo. Published by J. H. Chambers & Co., St. Louis.

This work which consists of about 200 pages, is a handsome volume, alike interesting and unique in its way, and will be highly prized by all lovers of Shakesperian literature. It is divided into nine chapters, one on each of the following subjects : obstetrics, psychology, neurology, pharmacology, etiology, dermatology, organology, chirurgery, and miscellaneous, and contains sixteen illustrations. The work also contains many useful and valuable lessons and suggestions relating to medicine, among the comments by the author. We regret, however to find the work marred by several inelegant expressions, such as the use of the modern and decidedly vulgar word "mash," which is anything but Shakesperian, and not at all in keeping with the text. Again the author seems too ready to obtrude his materialistic views upon his readers, and gives another pretext for the frequent insinuation that the medical profession is tainted with materialism. In commenting upon the following line (p 92), "And his pure brain (which some suppose the soul's frail dwelling-house") the author says : "We see nothing in man—no trait or attribute which answers to the principle of what people call "soul" except the attribute mind. As to the *immortality* of that manifestation I think the *motion* of my arm just as probable of everlasting preservation."

ELEMENTS OF PHARMACY, MATERIA MEDICA, AND THERAPEUTICS. By Wm. Whitla, M. D. Belfast, with lithographs and wood-cuts. Second edition. London : Henry Renshaw, 356 Strand.

Only a short time ago we noticed the first edition of this excellent little work. The rapid exhaustion of a very large issue of the first edition speaks well for the popularity of the work, and must be very gratifying to the author. The present edition has been carefully revised, and brought up to present date. The alphabetical and sectional way in which the work is divided seems to meet with general approval. Ample space is devoted to Pharmacy, and there is also added a description of all new remedies of note recently introduced. We especially commend the work to the attention of students as a most admirable condensation of the subjects of which it treats. The small size of the book renders it most convenient for consultation by the student and busy practitioner.

A SATCHEL GUIDE FOR THE VACATION TOURIST IN EUROPE, with Maps, including an admirable Route Map. 16mo. roan, flexible, $1.50. New (13th) edition. Houghton, Mifflin & Co., Boston, Mass.

This is the best and most compact European guide-book we know of. It includes the British Isles, Belgium, Holland, Germany and the Rhine, Switzerland, France, Austria and Italy, and gives the traveller just the information he most needs in the most convenient form. We used a former edition of this work in our European travels in 1878, and found it brief, accurate and complete in every respect, and are much pleased to receive the present edition, which we hope to utilize in our travels this summer.

OPERA MINORA. A collection of Essays, Articles, Lectures and Addresses, from 1866 to 1862. By E. C. Seguin, M. D., New York. G. P. Putnam's Sons. Price $4.50.

The subject of these papers relates chiefly to nervous diseases, but is not the less interesting and important on that account. The collection numbers about one hundred articles, each of which is written in an interesting style and contains the fullest information on the subject in hand. The therapeutics of the diseases treated of receives a fair share of attention. We commmend the work to the attention of our readers.

ELEMENTARY PRINCIPLES OF ELECTRO–THERAPEUTICS, for the use of Physicians and Students, pp. 420, with 125 illustrations. By C. M. Haynes, M.D. Chicago: McIntosh Galvanic and Faradic Battery Co. Price, $2.

The author sets out by giving a brief history of electricity. The work is then divided into eleven chapters, and deals with all forms of electricity and its application in the cure of disease. That portion of the work dealing with electro-physiology and electro-therapeutics is especially interesting. It is presented as an elementary treatise on the subject, and will be of especial value to students and those who are introducing electricity as a therapeutic agent into their practice.

"MEDICAL ETHICS." By Frank H. Hamilton, M.D. New York: Bermingham & Co.

This is a very neat little volume of 129 pages, consisting of a series of conversations between Drs. Warren and Putnam, on the subject of medical ethics, with an account of the medical empiricisms of Europe and America. Two letters, one by Dr. Warren, referring to the medical empiricisms of Europe, and the other from Dr. Putnam, suggesting certain amendments to the Nationa Code, will be found of special value to those who are interested in the code question.

The Physician's combined Day-Book and Ledger by H. T. Hanks, M. D., New York. J. H. Vai & Co., Publishers, New York.

This is claimed to be the most exact and labor saving system of book-keeping ever devised for the use of a physician. No separate day-book or posting is required, and to those who keep their own books it will be found exceedingly convenient The work is most ingeniously devised, concise and compact, yet simple and easily understood. W commend it to the attention of the profession.

ELEMENTS OF SURGICAL PATHOLOGY, by Augustu J. Pepper, M. B., Lon., F. R. C. S., Eng., &c Illustrated with eighty-one engravings. Philadelphia: H. C. Lea's, Son & Co. Toronto: Har & Co.

In this little octavo volume of five hundred page will be found a very complete epitome of surgica pathology. The work is clear, concise and wel suited to the requirements of medical students.

THE MEDICAL DIRECTORY of Philadelphia, fo 1884. By S. B. Hopkins, M.D. Philadelphia P. Blakiston & Son.

Births, Marriages and Deaths.

In Paris, on April 28th, S. W. Cooke, M. D., i his 69th year.

In St. Paul, Minn., on the 10th ult., Dr. Kittson aged 35 years.

At Cornwall, Ont., on the 10th ult., Dr. J. J Dickinson, aged 65 years.

*** *The charge for Notices of Births, Deaths an Marriages is Fifty Cents, which should be forwarde in postage stamps with the communication.*

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Original Communications.

GLIMPSES OF TRANSATLANTIC SURGERY.*

BY J. P. BROWN, M.D., L.R.C.S.E., GALT, ONT

GENTLEMEN :—Perhaps it would not be uninteresting while dealing with subjects with which all are familiar to touch lightly upon observations taken at the hospitals of England and Scotland only a year ago, and it is but just before commencing to remark upon the increasing number of graduates of our Canadian Universities, who find it to their advantage year by year to spend a season or more in the time-honored institutions of our mother-land. We, as Canadians, are proud of the position which our colleges occupy, and of the honors and other marks of distinction conferred upon our students when abroad ; yet, we cannot but feel and confess that these old centres of civilization with their crowded populations, their long trained and tried men, their accumulated lore and experience of centuries, open up to us a deeper and a wider field for research, and offer a more thorough knowledge of the art and science of our profession than we can possibly obtain in as limited a time in our own land. Hence it cannot but be a sound policy for our men after obtaining a theoretical training at our own schools, than which few can afford better, combined with all the practical information which our hospitals can give to finish off and prepare themselves for practical life by a season or two abroad. True, I did not follow this course myself, but allowed fifteen years to elapse after graduation before putting the plan into execution, but on the principle of "better late than never," the few months spent in hospitals abroad, will ever be remembered as a bright and profitable period, as well as a happy break in the ordinary routine of regular practice.

My first visit was to Old Edinboro' with its classic beauty—its halls of learning—its monuments of Art—and to me, above all, its immense complex but complete Royal Infirmary. I will not describe the building, but when I say it is admirably situated, with good drainage, beautiful surroundings, and composed of an elaborate succession of buildings, all well lighted, well ventilated, and connected together by wide covered corridors, I have said enough. It is the only hospital in Edinboro, and is consequently systematically arranged for the admission of persons of all ages, and both sexes when suffering from disease or injury, or otherwise requiring professional skill. The staff of professors and teachers is composed of good men—the majority of them young or in the prime of life, many of them eminent, either as physicians or surgeons, and their clinical lectures in almost every case were clear, logical, searching expositions of the subject matter in hand.

Joseph Bell is among the most uncompromising of the disciples of Lister ; and his many operations that I witnessed, with the exception of one, were all performed under spray. He removed a number of breasts for scirrhus, and the treatment in each case was very similar to the preceding one. After producing anæsthesia, the carbolic spray was turned on—the instruments, sponges, &c., all being taken out of trays containing a one to forty solution of carbolic acid. The incisions were often elliptical ; cat-gut ligatures were invariably used ; also a long drainage tube which appeared to me of unnecessary thickness ; the usual sutures, but no plaster straps ; small oil silk protective placed over the line of union, covered by heavy layers of gauze, the lower ones being soaked in weak disinfectant solution. The cases were allowed to stand over for two days and then dressed daily under spray, the arm being bound each time almost invariably to the side. Although the cases differed much, they all did well. The union was generally rapid, and I was informed that frequently many years would elapse without a recurrence of cancer.

The exceptional case that I mentioned was one of extensive necrosis of the tibia. He refrained from using the spray on account of the deep-seated and wide-spread suppuration. This seemed like a strange argument to be used by an advocate of Listerism. He laid the leg open for two-thirds the length of the tibia, and with hammer and chisel, cut through the sound bone to reach the sequestra.

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* Read before the Ontario Medical Association, Jan. 5th, 1884.

These being removed, the several dressings of silk and carbolized gauze were applied. The dressing under spray was repeated on the third day, and at intervals subsequently the patient making a rapid recovery.

Prof. Annandale, who ranks high in the estimation of Scotch University men, had one remarkable case which made quite an impression at the time. He cut down through the mesial line upon the prostate in search of a supposed tumor but found instead a completely encysted stone an inch and a quarter in diameter, imbedded in the prostate. He extracted it with the cyst. The operation caused great hemorrhage. This continued with so much severity, that half an hour subsequent to the completion of operation, the drainage tube was taken out and the wound plugged with silk carbolized. In a few hours hemorrhage ceased, the tube was returned, and the patient, I believe, made a good recovery.

Genu-valgus, or Knock-knee, is common among the lower classes in the British Isles, and the operation for the deformity so frequent, that I may be pardoned for describing one of Prof. Annandale's cases. The child, female, 8 years old, was anæsthetized, and both limbs operated upon. A longitudinal incision in front and to inner side and parallel to lower third of femur was made, and wound held open by traction hooks. This was followed by a cross incision through the periosteum a little above the inner condyle and the bone itself cut almost through at the same site with hammer and chisel. The balance of the bone was broken by force, and the other limb being treated in like manner, they were each in turn straightened and fastened to the arms of a frame splint, the arms passing upwards on the outside of the limbs and were united by a cross-bar below the feet. No spray was used but carbolic oil—one to ten—was dropped on the wound from a syringe used for the purpose.

Among the most deeply interesting of operations was one performed by Mr. John Duncan, for obstruction of the bowels of a chronic character, upon a woman over fifty years of age. Five years previously she had suffered severely from abscess of the right iliac fossa; this had opened externally and I understood the operator to say into the bowel also. This fistula remained open for some time and finally closed, from which period the patient began to suffer from obstruction. Fecal discharges were always small and watery and accompanied by pain. Sometimes obstruction became complete for a week or ten days with much vomiting, not unmixed with stercoraceous matter. During these periods life would be sustained by enemata of milk and beef-tea. Slight natural evacuations would again occur, and by careful dieting and copious injections the patient would enjoy a sufferable existence for several months again until the old symptoms would return. Each time the attack of complete obstruction became more alarming until finally Prof. Duncan decided to operate. So important and interesting was the case generally considered that a full staff of professors and lecturers, besides a large number of outside members of the profession gathered with the students in the principal operating theatre at the appointed time. Anæsthesia being complete, Mr. Duncan excised the old scar, and then carefully dissected through the adhesions down to the intestine. The first incision was parallel to Poupart's ligament. From this a little internal to the centre of it, another was made directly upwards. The flaps were deflected and the intestine reached. The affected portion was found, and was with much difficulty separated from its adhesions. The diagnosis was fully confirmed. The affected intestine was of a dark red congested color, and its calibre very much diminished. On examining it afterwards it would barely admit of the insertion of a pen-holder. Having extracted a sufficient amount of the intestine external to the abdomen so as to secure facility for completion of the operation, sound portions of the bowel above and below the stricture were fastened together by silk suture behind. Then the anterior and lateral portions of the upper gut were stitched to the upper portion of the intended artificial anus of the abdominal wall, and the anterior and lateral portions of the lower gut fastened by suture in like manner to the integuments above Poupart's ligament. The wound then being closed as much as possible, the bowel itself was excised to the extent of about three inches, the two segments thus together forming the artificial arnus. The operation lasted one hour and-a-half, during which time the patient was completely under the influence of chloroform ; and as the hemorrhage was very free, and the patient herself much emaciated, many expected that she would hardly survive the operation. She rallied, however, very well, and Mr. Duncan, in his subsequent address stated that, if this primary operation proved successful, he intended, in due time, to perform a plastic operation, closing up the artificial anus and thus restoring the natural one to its normal use. Spray was not used in this case, Mr. Duncan being as strong an opponent, as Mr. Bell was an advocate of its utility. The dressings, however, were of the usual antiseptic character. Patient passed a good night, and reported herself as reer from pain on the following morning than she had been for months. I did not hear the subsequent history of the case.

On my last visit to Edinboro Infirmary I saw a patient suffering from one of those unfortunate accidents which sometimes occur even in the hands of the best surgeons. It was a case of empyema n a strongly built man of about thirty years of age. Paracentesis had been successfully performed a week previously, and a rubber drainage tube inerted ; several pints of pus were discharged. From hat time the drainage had been constant. One dressing had been made since under spray. But on approaching the bed on this occasion we found he poor fellow suffering very acutely. His lips were purple ; he was propped up in bed and laborng under the severest dyspnœa. The surgeon was alarmed by his unexpected appearance, and mmediately removed the dressings under the spray as before ; but the discharge was very slight, and no drainage tube could be found. It slipped inside he pleural cavity, and by its presence there undoubtedly caused all the distress and general sympoms of collapse which we witnessed. The surgeon made many efforts to find it. He enlarged the wound, passed his forefinger deep within the chest, used forceps of different shapes, tried exploring sounds, and various positions of the body, with no effect but to increase the agony of the sufferer. The dressings were put on again and we left the ward sadder and perhaps wiser than when we entered. How long the poor fellow lasted I did not hear.

With regard to these drainage tubes I may menion that the usual way of securing them is to pass a couple of strong sutures through the external end and then to secure them firmly to the limb or body before applying the dressings. I was speaking of his case to the House Surgeon of the Children's Hospital, in Hackney, London, some weeks later. He remarked that they always found difficulty in securing the tubes so as to avoid the possibility of accident ; and that he had devised a method which secured perfect safety. He showed me the arrangement, and also two in actual use there. The end of the tube was split in quarter segments longitudinally. A circular rubber cap was then made with a hole in the centre large enough to admit the tube. The ends were passed through, and by the application of heat welded on to the upper surface of the cap. The cap would thus effectually prevent the possibility of slipping in so much dreaded.

As the surgical cases, methods of operation and general treatment were very similar in the various hospitals of London to what they were in Edinboro; I will not dwell on them, but pass on to notes taken upon several ovariotomy cases at the Samaritan Hospital at the west end. The building is not large, being simply one of a row of good sized three storey houses, supplied with a rear entrance for patients and a front one for the medical staff and visitors. The lower flat is devoted to offices, visitors' room, and out-patient department, where a very large number of women are treated daily. The ovariotomy rooms are on the highest floor and hundreds of operations are performed there every year by Sir Spencer Wells, Mr. Thornton, Mr. Bantock and others. Sir Spencer Wells and Mr. Thornton both use carbolic spray, and the Lister treatment in full, while Mr. Bantock, like Dr. Keith, of Edinboro', has entirely discarded the former while adhering to the latter on general principles. I saw two of Wells' cases. They both made excellent and rapid recoveries. I might describe Mr. Thornton's method of operating, as I had the good fortune to witness two of his operations on succeeding days. In each the fullest preparations were made. The room was scrupulously clean—ventilation perfect—instruments and sponges all placed in trays containing carbolic solution one to forty in strength. The hands of the operator and all his assistants, nurse included, were washed in like preparation. None others were allowed even to touch the patient or any of the instruments, sponges, &c., employed in the operation. In each case spray was used. The sponges, of which there were a large number, were wrung out and counted by the nurse upon the order of the operator before commencing—patient was put under chloroform—extremities covered warmly—abdomen exposed and covered by rubber cloth, containing oval aperture, and held tightly down.

The incision in each case was between four and five inches long, extending from an inch below the umbilicus in the mesial line toward the pubes. After cutting through the abdominal wall, a tapping instrument with rubber tubing attached was plunged into the cyst, and the fluid drained into a vessel beneath. The cyst-walls were then gradually extracted, the adhesions being broken down by the fingers or handle of scalpel, the blade being used very little—numerous artery forceps were employed and allowed to remain suspended until the close of operation—torsion in many cases doing away with the necessity for ligatures. The large arteries were all ligated with cat-gut. The pedicle in each case was secured by a strong double silk ligature passed through its centre, then divided, each half being tied by its own half of the ligature. These were cut near to the knot. The pedicle being cut short was returned into the abdomen. Great pains were used to perfectly stop the hemorrhage before closing the abdomen. Finally, by a free use of sponges the oozing ceased. The nurse was again ordered to count the sponges while the external wound was being closed with interrupted sutures. In neither case was a drainage tube used. Dry lint was placed over the surface and long strips of adhesive plaster laid laterally over the abdomen. The patient was then removed to a bed in the same room, and shortly after returning to consciousness a dose of opium administered. The lightest diet was ordered for several days. An enema after three or four days and no dressing of abdomen for a week.

Mr. Bantock's operations, which resembled very much those of Mr. Thornton, with the single exception that spray was not employed, were all equally successful in the end. He had one rather peculiar case that created a good deal of interest. A woman aged about forty had an immense abdomen. He and several other physicians had, at different times, examined her very carefully. They could not, however, be sure in diagnosis, and so he announced to the class that as the case was doubtful he would make an exploratory incision. He made all the preparations for ovariotomy if necessary, and then making a straight linear incision in the mesial line for three or four inches, introduced a director and cut through the peritoneum. As a result there was an immense discharge of light straw-colored fluid ; the case bein one of peritoneal dropsy. Numerous adhesions ha been formed between the gall-bladder, liver an intestines and granulations were present everywhere. The case was dressed like one of ordinar ovariotomy and made a good recovery, though i all probability the dropsy would not be long in returning.

Before leaving this subject I may mention tha prior to leaving Edinboro' I had a long conversation with Dr. Keith. He has the reputation o being the most successful ovariotomist in the world In recounting his experience he stated that som years ago he performed six operations within a fe days of each other. He used the spray in ever case. They were all what he considered averag cases, and he performed the operations in his ovariotomy ward at the Royal Infirmary. Three ou of the six died being a mortality of fifty per cen This shook his faith in the efficacy of spray protective, and he determined to perform his next si without it although in other respects using antiseptic routine. The result was most gratifying and consequently he continued the practice. Out o the last fifty-one cases, although all spray had bee discarded, he had lost but one, or barely two pe cent., the lowest percentage on record. This result has had the effect of thoroughly establishin his views. Dr. Keith claimed that there were three valid objections to the use of carbolic spray in ovariotomy. 1st. The constant throwing of spray ove the abdomen of the woman for the length of time required to perform the operation, had the effec of thoroughly chilling the system, and acting as a vital depressant. 2nd. The amount of carbolic acid absorbed was sufficient to have a seriously sedative or poisonous effect. 3rd. The spray obscured the parts operated upon, and consequently rendered the operation itself somewhat more difficult and dangerous. One would imagine that Dr. Keith's objection's are hardly entitled to the weight which he gives them, when we remember that Sir Spencer Wells, with his habitual use of the spray, loses barely four per cent.

It seems strange to find in the regular surgical staff of any large hospital such a diversity of views entertained by the leading men. One would judge however, that extreme Listerism is on the wane. And why should it not be ? when men who hav discarded it are equally successful with those who sedulously follow its rigid routine. In obedience to the germ theory and Listerism combined we are directed to open abscesses, only under the protective influence of the spray: yet as I said before, Prof. Bell, the strongest supporter of the practice at the Edinboro' Royal Infirmary discarded it in his case of necrosis of the tibia, on account of the extensive suppuration existing, and yet in what essential points did this differ from an abscess?

Before closing I would like to say a word or two with regard to the administration of chloroform, of which I saw several hundred cases, in none of which was there any evil result. In Edinboro' a handkerchief or napkin was usually doubled or twisted to suit the fancy of the administrator. A drachm or two was placed upon it and renewed as occasion required. One operator folded his napkin in a small rectangular form, poured the chloroform on one side and placing the edge of the cloth on the chin just below the lip, held it at right angles to the face. The mouth and nose thus remained uncovered. His theory was, that the vapor of chloroform, being so much heavier than the air, would not rise, but be drawn in with each inspiration. The patients usually went quietly under the influence of the anæsthetic. There was very little opposition to its administration, and they were kept quite unconscious until the operation was over.

At the London Hospital which has nearly 800 beds, and at which a very large surgical practice is done, it is the almost universal custom to administer chloroform through an inhaler. The amount required is thrown into the instrument—which is then clapped tightly over the face—while the assistants hold the fortunate or unfortunate victim. The result is that in almost every case there is at the commencement a somewhat violent struggle. The patient cries for air, says he is choking, suffocating, etc., but the only effect is that the apparatus is held if anything a little more closely until the patient gradually becomes unconscious and ceases his struggles. In my inexperience in this method of producing anæsthesia, I was constantly afraid that some poor fellow would succumb, ere the surgeon's knife performed its important duty; but I am happy to say no such unfortunate casualty occurred. Still my impression with regard to an inhaler was not at all favorable—and I fancy it will be a long time ere I add one to my ordinary armamentarium.

As a rule the hospitals in London and Edinboro' —particularly the Royal Infirmary at the latter place—are admirably kept. The wards are scrupulously clean. The ventilation systematically attended to—while each hospital has its full complement of trained and efficient nurses. The ladies there take a lively interest in these noble works of charity, and regularly supply them with hampers of choice flowers, very many of these being presents from the conservatories of the wealthy. These are divided up into bouquets and clusters and placed at regular intervals once or twice a week throughout the wards, cheering the thousands of sufferers by their beauty and fragrance. The physicians and surgeons are among the best of men—large-hearted noble fellows—who take a genuine pride and pleasure in doing all they can to alleviate the sufferings of the unfortunate class of people committed to their care. And filled as the hospitals are by sufferers from the lower walks of life, many of them constantly living from hand to mouth, and barely scraping together the necessaries for existence, it is little wonder that they often look back to the days or weeks spent in the hospital or infirmary as among the happiest of their lives.

REPORT ON ASIATIC CHOLERA IN CALCUTTA, BY PROFESSOR KOCH.

Translated from *Uniao Medica*, Rio de Janiero, by JOSEPH WORKMAN, M.D., Toronto, Ont.

As a complement to my report of the 16th of December last, on the labours of the Commission on Cholera in Calcutta, I have now the honour of transmitting to your Excellency the following information:—

The Commission has every reason to be gratified with the efficient concurrence and the sympathetic support awarded by the local authorities and the chiefs of hospitals.

We were permitted to examine almost all the bodies of those dying of cholera in the city hospitals allowed to be opened. Up to the present time we have made note of the materials furnished by nine autopsies, and eight patients under cholera.

As these cases occurred at equal intervals, we had sufficient time for the continuation of our investigations with all care. Various cases which ended in death, after a short course, and without presenting any other complication of a pathological nature, afforded us opportunities for making important observations. From these favourable circumstances the Commission was enabled to give much advancement to the solution of the problem.

We must first of all say, that from the microscopic analysis we were able to discover, in the intestines of cholerics, the same bacilli which we had before discovered in Egypt. In my report of 17th December last, I left provisionally undecided the question whether these bacilli, like other bacteria, belong to the number of the habitual parasites of the human intestine, or are, under the exclusive influence of the pathological process of cholera, developed in the intestinal mucus. Up to this time many characteristics which should have enabled us to distinguish these bacilli from other similar microbes, were wanting. Fortunately this want has now been met, thanks to the methods employed in the Hygienic Institute, which in this particular afforded valuable service, we have been able to isolate the bacilli coming from the intestines of cholerics, and to cultivate them in pure media. A rigorous observance of the bacilli developed in cultures of complete purity, has led us to discover certain properties which are very characteristic, relative to the form and the growth of these bacilli in nutritive gelatine, so as to render it possible to distinguish them perfectly from other bacilli.

We have now no difficulty in answering the question whether the bacilli exist habitually in the intestines, or are met with only in the intestines of cholerics.

In the first place, by means of cultures made in gelatine, we succeeded in discovering the bacilli, not only in the dejections of cholerics, but also in the intestinal contents of the choleric cadavers. This result was constant in all the cases examined by us. We proceeded to examine the intestinal contents of other cadavers, and found that the bacillus did not exist in them. Until the present, eight cadavers of persons who died of different diseases, (pneumonia, dysentery, phthisis, and kidney disease), have been examined by us. Lastly we have examined the intestinal contents of different animals and substances rich in bacteria, and so far we have not met with a single bacillus resembling that of cholera.

If in the future these facts shall prove constant, we shall have achieved a very important result. In fact, if these bacilli, endowed with specific properties, pertain exclusively to the cholera process, it will no longer be legitimate to doubt that an etiological relation exists between their preseuce and cholera, even when trials to reproduce the disease in animals prove abortive. But here also, the conditions appear to be very favorable, as some recent experiments on animals have furnished results that permit the hope of future success.

Besides these labours the Commission succeeded also in acquiring information as to the conditions that favour the development of cholera in Calcutta —a question of much interest and capital importance.

Outside of India, in cities which have not been attacked by cholera, unless at long intervals, it is impossible to determine with security the salutary influence that certain hygienic measures, such as improvement in the quality of drinking-water, and drainage of the soil, etc., have over cholera therefore the fact of cities having been preserved one or more times from the scourge, is found always to be subordinate to accidental causes. In the meantime, in cities such as Calcutta, which present yearly a considerable mortality, any hygienic measure that has an effective action against the malady, must lead to a manifest diminution o mortality.

Now, from 1870 onward, cholera has suddenly diminished to a very evident extent in Calcutta. Before that year the mean annual mortality from cholera in Calcutta, was 10.1 per 1000 inhabitants Since 1870 it has come down to 3 per 1000. This fact deserves attention, and it ought to contribute to the effectual combatting of the scourge.

According to the almost unanimous opinion o physicians here, the diminution of cholera is to be attributed to the establishment of a good supply of drinking-water. The Commission felt it to be their duty to form their opinion in this relation from actual inspection. For this purpose they visited the hydraulic works and the system of wate supply of Calcutta. They made a series of analyse of the river water, before and after its filtration a Pultah, and they found that the water destined fo the use of the population possesses excellent qualities.

Through the medical journals the French Com mission charged with the study of cholera in Egypt, declare, in their report, that they have obtained results that differ from those which I have had the honour of making known to your Excellency, and of having found in the blood micro-organisms special to cholera. In view of this statement your Excellency may have been led to suppose that the German Commission has succeeded badly in its investigations; I therefore regard it as my duty to make known to your Excellency my opinion in this relation.

In the human blood we find, along with the red and white corpuscles, small rounded, pale elements, varying in number, denominated by us *Blutplattchen*. In varies pyretic diseases, as petechial typhus and pneumonia, the number of these elements increases. In consequence of the resemblance which these elements have to micro-organisms, they have been confounded with bacteria.

These elements are met with in quantity in the blood of cholerics and their cadavers, as I have verified. Moreover, it is not a new fact; other observers had before announced it. Dr. Cunningham, in his work, "*Microscopical and physiological researches into the nature of the agent producing cholera*," 1872, gave an exact representation of these elements in the blood of cholerics.

Seeing that the most rigorous methods of investigation have never enabled us to discover in the blood of cholerics other elements similar to bacteria, and that the description given by the French Commission of the elements mentioned, assimilates in every point to the *Blutplattchen* above mentioned, I am forced to admit that the French Commission has fallen into the same error as other observers who have taken these *Blutplattchen* for specific organisms. These elements cannot have any etiological relation to cholera, for, as has already been said, they are met with in the blood of persons in a healthy state, or those who have been attacked by diseases different from cholera.

THREE CASES OF NECROSIS OF THE LOWER THIRD OF THE FEMUR.

BY THOS. R. DUPUIS, M.D., ETC., KINGSTON, ONT.

Both caries and necrosis of bone are common enough diseases, and their pathology and general treatment I shall not attempt to discuss. Volumes have been written upon them and every surgical work contains sufficient information for the guidance of the general practitioner. My object is simply to place before the readers of the LANCET a few thoughts on necrosis occurring in that peculiar, yet comparatively frequent site, the popliteal surface of the femur, and to record the success that has attended the cases in which I have operated, by thorough removal of the sequestra. Three cases are not many indeed, but following each other in close succession and yielding such satisfactory results as they have, render them worth a passing notice.

As is well known caries attacks the most vascular parts of bone, and bones distinguished by abundance of cancellous tissue such as the vertebræ, sternum, innominate bones, the carpus, tarsus and the articular extremities of long bones, notably the femur, tibia and humerus. Necrosis, on the other hand, is more strictly confined to long bones, and especially to those which lie superficial or close under the integument, and are thus more liable to injury from blows, changes of temperature, etc. Recently, however, I had under my care a case of necrosis of the posterior portion of the sacrum in a saddler, who had sat much on his bench. I removed several pieces of bone. Some years ago I had a case of extensive necrosis and exfoliation of the outer table of the frontal bone in a sewing girl who used frequently to strike her forehead against some part of her sewing machine when stooping over to thread the needle or regulate the thread. In reality, therefore, there is no obvious line of demarcation between the sites of caries and necrosis, the one or the other depending greatly upon the structure of the part attacked and the activity of the circulation in it. According to Mr. Timothy Holmes, chronic inflammation of bone is generally the result of one of three causes, namely syphilis, rheumatism, or injury, and he thinks this arrangement of causes indicates their order of frequency. Every practitioner of experience must be familiar with examples of diseased bone from various causes. Those practising in large cities will, as a rule, see more of the results of syphilis, while those practising in small towns and country places will be the better acquainted with diseases of bone from rheumatism and injury. I cannot, however, consider rheumatism a frequent cause of either caries or necrosis, for although I have repeatedly witnessed changes in the articulations of bones from rheumatism, such as eburnation, exostosis, apophyseal enlargements, etc., I can recollect only two cases in which necrosis of bone followed acute rheumatism, one being a case under my own care in a girl about fourteen years of age, and the other case in a girl of about the same age upon whom I saw another surgeon operate for the removal of the sequestrum. The seat of the necrosis in both cases was the external surface of the upper part of the shaft of the right humerus. Bone affections from syphilis are too common, assuming almost every variety, and attacking almost every part of the osseous system. Those from injury may of course be found in any bone liable to external violence ; yet they may be more or less limited to certain situations, because some parts are much more susceptible of morbid action than others, and thus an injury which in one situation would develop into inflammation and necrosis would in another pass off without serious consequences. The greater susceptibility to morbid action accounts for the frequent occurrence of necrosis in the popliteal portion of the femur, following injury to that bone ; the chief causes of this being its vascularity and its great size where it expands into the two condyles. The patients of whom I write are not scrofulous, rheumatic or syphilitic as far as I could discover, and the necroses for which I operated were purely traumatic, although no one can deny the fact that their osseous systems must have been somewhat more liable to disease than is compatible with a perfectly healthy constitution.

The first case was a laboring man, aged 26 years, who had suffered for about fourteen years with fistulous openings about the popliteal space. They discharged large quantities of pus and occasionally small pieces of bone, healed and re-opened, and new ones opened when the old ones healed, and they were accompanied by all the symptoms of dead bone. The history of his case was that he had been hurt upon the leg above the knee by a blow from a stick, when a boy of 12 years old, while he was at work picking up chips and brush in a "new fallow," where men were "logging." After receiving the blow his leg swelled greatly, pained him very much, was poulticed and fomented for a long time, and finally "lanced," by which operation a large quantity of pus was liberated. From that time the wound could never be healed, and he was regarded as being afflicted with a "fever sore."

Examination revealed a sequestrum of dead bone inclosed by new growths between which were numerous cloacæ through which the discharges found their way. He was greatly reduced in flesh and strength, unable to walk about without crutches, and in every way in a very unpromising condition. After due consideration of all the circumstances, and at his request, I decided to operate upon his leg. Preliminaries having been arranged an incision over four inches in length was made into the popliteal space in such a direction as to lie to the inner side of the external popliteal nerve and to the outer side of the vein and artery. On reaching the bone it was found necessary to use the chisel and mallet to cut away the new growths, and liberate the sequestrum. The largest piece removed was nearly four inches in length, jagged at the ends and presented a generally worm-eaten appearance. All small pieces were carefully taken away, and the cavity thoroughly washed out with carbolized water, 3 per cent., by means of a syringe. The operation was performed on the 15th of May, and he was well on the first of the following September. The man continues strong and well (now over three years) and earns his living by sawing wood and other laborious occupations.

The second case was that of a laboring man aged 33, who when between nine and ten years of age while attending school hurt his leg. He and the other boys used to go in swimming, and after coming out of the water to run and jump about violently for a length of time. One day he hurt his leg during this exercise, and it was attacked with severe pain, great swelling supervened, formation of pus, and its discharge by "lancing," followed, and for a year he was entirely laid aside. He gradually recovered partial health and strength so as to be able to work when he grew to be a man, but the sores resulting from the injury could never be got rid of. When he came under my care his leg showed evidence of several sinuses having healed, but two—one from each side of the limb which communicated—were open and discharging freely. It looked almost incredible that a sequestrum could be so long in dissolving, but it was true nevertheless, for examination revealed dead bone. An operation similar to the preceding one was performed on the 3rd of March last, a piece of decaying bone two inches in length was removed, and by the end of April, the wound was entirely healed.

The third case was a healthy looking boy, aged 13 years, who had got his leg hurt by wrestling about a year previous. Usual history of such cases, pain, swelling, suppuration, and open sinuses. Examination revealed dead bone. As the sequestrum here lay upon the outer part of the posterior surface of the femur, I reached it by cutting in from the side, just in front of the tendon of the biceps. The bone was easily reached, the dead portion removed without difficulty. In six weeks the wound was healed, and the boy went home well.

What I claim for these three cases is, that they show the propriety of removing dead bone at the earliest possible opportunity, the ease and safety with which sequestra may be removed from the posterior part of the lower third of the femur, if proper care be exercised, and the frequency of necrosis, in this peculiar site. The first patient had suffered for nearly fourteen years, and was well in about 3½ months after the operation. The second had suffered for 23 years and was cured in about two months by operation. The third case had been going on for a year, but was terminated by a return to health in six weeks after operation. In all of them Esmarch's bandage was used during the operation and bleeding was almost *nil* after removal of the bandage. The drainage tube was inserted into the lower part of the wound and the rest of it brought together with sutures; carbolic oil and lint was applied to the wound and the leg enveloped in a roller bandage from the foot upwards. No bad symptoms followed any of the operations, all progressing favorably to the cure.

ON EXCISION OF THE TONSIL.*

BY G. STERLING RYERSON, M.D., L.R.C.S., E.

Lecturer on the Eye, Ear and Throat, in Trinity Medical College, Toronto.

The question, "When should a tonsil be excised"? is an exceedingly practical one which comes up for discussion almost every day in practice. The answer it would be well if possible to define precisely. The indications for excision I consider to be the presence of symptoms either of impaired nutrition with marked obstruction to respiration, frequent relapsing, inflammation or suffering in contiguous parts.

Marked enlargement of the gland is almost sure to be accompanied by impairment of the general health, partly through the imperfect circulation of the blood, and partly also because of the broken rest at night. It is also probable that the stomach suffers from the constant swallowing of unhealthy mucus. Obstruction to respiration is a serious matter in the young, inasmuch as it causes the deformity of the chest, known as "pigeon breast." These symptoms demand the removal of the offending gland, because there is not time to wait for the slower action of internal and local remedies. The Eustachian tube and middle ear are very apt to suffer from inflammation by contiguity. The nasal mucous membrane also may, and frequently does present symptoms of severe inflammation and consequent obstruction of the nose. These symptoms also demand most urgently the removal of the tonsil.

Tonsils, the seat of chronic relapsing inflammation, should be removed. Also cases of true pathological hypertrophy of the tonsil are best treated in the same way, medicinal treatment being nugatory. The tonsils are frequently enlarged in strumous and delicate children; if there be no symptoms as before related, they are best left and treated by internal remedies, prominent among which are syr. of the iodide of iron and compound syrup of hypophosphites. Local astringents may also be used with benefit. In cases of follicular tonsillitis it is not often necessary to remove the gland. Local treatment with fused nitrate of silver on a probe applied to each follicle is generally successful. Mere enlargement of the gland without other symptoms, I do not consider to indicate its removal.

With regard to the mode of operation, the cases must be selected. For large, prominent tonsils, especially in children, the tonsillitome is, in my opinion, best suited. In moderately enlarged and very hard tonsils, in true hypertrophy and in the long, flat-shaped tonsil, the vulsellum forceps and blunt bistoury should be used It is almost impossible, however, to use the bistoury in the case of young children, without an anæsthetic. I do not regard the danger of hemorrhage as a very serious one. It is very rare, and it can be controlled by pressure on the artery, local tampon, or in extreme cases by ligature of the carotid. It is most dangerous in children who do not know enough to assist the operator.

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* Read before the Ontario Medical Association, June, 1884.

THE LOCALIZATION OF PERINEPHRIC LESIONS BY MEANS OF CLINICO-ANATOMICAL STUDY.*

BY JOHN B. ROBERTS, M.D., PHILADELPHIA.

The author stated that his paper was suggestive rather than demonstrative or conclusive; and that he hoped the Fellows of the Association would investigate all cases of perinephric disease, which they met, with a view to definite localization.

The lesions liable to involve this region primarily or secondarily, are inflammation, abscess, cancer of the kidneys, cystic degeneration, renal calculi, hydronephrosis, etc. The early recognition of the exact seat of such lesions can only be attained by study of anatomical relations and clinical histories. The importance of such localizing knowledge will not be gainsaid in these days of nephrotomy, nephrectomy and kindred operations. As the study of cerebral localization has now advanced beyond the stage of speculative physiology, and has become of practical value to the physician and surgeon, so will the study that leads to localization of perinephric lesions become of future value. The symptoms and signs which must guide us in fixing the exact site are those due to extension of inflammation to adjacent structures, and those caused by increase of bulk and consequent pressure at the seat of disease. These may be termed the localizing symptoms as discriminated from the inherent symptoms of the lesion itself.

Although there are no dividing lines separating the perinephric area into tracts, it is convenient to speak of upper, middle, and lower anterior, and upper, middle, and lower posterior tracts.

The speaker then discussed the various symptoms likely to be produced by lesions in these different tracts; and from the clinical histories of cases reported by himself and others, and from anatomical study deduced the following conclusions:—

A table of symptoms of probable and possibl value in localizing perinephritis and perinephri lesions. All anterior regions.—Pain, tenderness swelling, œdema, pointing, etc., in front and sid of abdomen. All posterior regions.—Pain, tenderness, swelling, œdema, pointing, etc., in loin Upper tracts.—Pleuritic friction, pleural effusio empyema, expectoration of pus, dyspnœa, suprarenal involvement, solar plexus involvement. I on right side, bilateral œdema of legs, jaundice fatty stools, persistent vomiting, rapid emaciation ascites. Middle tracts.—Albuminuria and casts suprapubic, scrotal or vulvar pain or anæsthesia suppression of urine, uræmia, pus in the urine œdema of scrotum or varicocele, especially on lef side. Lower tracts.—Flexion of hip, pain or anæsthesia of front, inside or outside of thigh, retraction of testicle, pain at knee, scrotal or vulvar pai or anæsthesia, without accompanying albuminuria unilateral œdema of legs, abscess or sinus nea Poupart's ligament, constipation (if left side), involvement of chyle receptacle (if right side).

Correspondence.

THE PUBLIC HEALTH BUREAU.

To the Editor of the CANADA LANCET.

SIR,—In the May number of the LANCET, in a article on "Public Health," it is stated that, th meeting of the profession which was held here i March to consider the Dominion Health Burea question, ignored (though not intentionally) "th body that had hitherto conducted such work," referring, I suppose, to a special committee, whic had been appointed for two or three years, previou to last year's meeting of the Canada Medical Association at Kingston, but which at the last meetin was not re-appointed; hence there was no suc committee as that to which you allude to "conduc the work." Besides, the medical men in the Hous being legislators and representatives, considere that with them might most properly originate an such movement as the one upon which action wa taken. It was the intention to fully consult th *public health* committee of the Association in reference to the proceedings before any legislation too place. Furthermore, at that meeting there wer about twenty-five medical men, while at the latte meeting to which you refer, when the resolutio was passed that 'further consideration be deferred' &c., there were, I think, not more than about six. Later again another large meeting was held, at which, besides many members of the House (medical) were some twelve or fifteen medical men from Quebec Province, which concurred in the main with the action of the first meeting, as did the deputation concerning sanitary matters from the province of Quebec. It was the strong desire of all that there should be 'united' action. By giving the above publication you will oblige,

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* Read before the American Surgical Association at Washington, D. C., May 2nd, 1884.

Yours truly,

Edward Playter.

Ottawa, May 26th, '84.

Reports of Societies.

ONTARIO MEDICAL COUNCIL.

The annual meeting of the Medical Council of the College of Physicians and Surgeons of Ontario was held in Toronto on the 10th ult., Dr. G. Logan, of Ottawa, President, in the chair.

Dr. V. H. Moore, representing Queen's College, was enrolled as a member. After routine the President delivered his valedictory address. He alluded to the satisfactory manner in which the officers and board of examiners had discharged their duties. In regard to the matriculation examination, it was found that the Education Department, while requiring of all students in Latin only 20 per cent. for pass, demanded from those who had previously passed the intermediate and came up for the Latin only, 40 per cent. for pass. Regarding this as unfair, he directed the registrar to pass all students who made 20 per cent. and upwards in Latin. He granted no permits to practise during the year nor stayed proceedings in any case. He was urged to undertake the expense of the defence of Drs. McCammon and Bray in the recent libel suit, but in consulting the solicitor, he was informed that such action would be illegal. He thought the Council should at once endeavor to obtain power to punish those who violate well undersrood rules of the profession. Dr. Day was then elected President for the ensuing year and Dr. Spragge Vice-President.

The following Standing Committees were next appointed :—Registration Committee—Drs. Rosebrugh *(Chairman)*, Vernon, Bergin, Fenwick and J. W. Wright. Rules and Regulations—Drs. McDonald *(Chairman)*, Grant, Rosebrugh, Campbell and J. W. Wright. Finance—Drs. Edwards *(Chairman)*, Allison, McCargow, Henderson and Douglas. Education—Drs. Lavell *(Chairman)*, Geikie, Moore, H. H. Wright, Edwards, Burritt, McDonald, Husband, Logan, Williams, Burns, Cranston, Bray, Fenwick and Buchan. Printing—Drs. Vernon *(Chairman)*, Moore, Campbell and Burritt.

Petitions and communications were then read and referred to the proper committees. The report of the Curriculum Committee was also read and referred to a committee. The report of the Board of Examiners was referred to the Education Committee.

The special committee appointed last year to make arrangements for the sale of the College Building, reported that they had an offer of $15,000, but they understood that the value of property in the neighborhood was rapidly advancing, and advised delay. They had an offer of a site near the Toronto University on very favorable terms.

June 11th, 1884.

After reading the minutes, several notices of motion were given and petitions read, among others, one from Mrs. Dr. Corlis, of St. Thomas, asking to be registered as a matriculated student, which was referred to the Registration Committee.

Dr. Fenwick then moved, that after this date examinations for medical students be held in the city of London, in addition to the examinations in Toronto and Kingston. After considerable discussion, the motion was ruled out of order, as the Act expressly states Toronto or Kingston.

Dr. Burns introduced a by-law, which was passed, to regulate the election of representatives to the Council, which will take place on the last Tuesday in May, 1885, and also for the appointment of returning officers. The by-law requires that every candidate who seeks election must have the signatures of at least ten registered practitioners resident in the Division, attached to the nomination paper. The following are the names of the returning officers :—Drs. G. E. Richardson, Chatham ; J. S. Edwards, London ; H. P. Yeomans, Mount Forest ; H. McKay, Woodstock ; W. T. Harris, Brantford ; T. W. Reynolds, Hamilton ; J. E. White, Toronto ; R. J. Gunn, Whitby ; R. W. Bell, Peterboro' ; W. Hope, Belleville ; A. J. Horsey, Ottawa ; J. W. Pickup, Brockville.

The report of the Treasurer was then read. The receipts during the year were $9,549.88, including a balance from last year of $2,163.98; the examination fees from pupils and the registration fees from physicians, amounted to $6,370.28. Less than $200 was received from fines inflicted upon illegal practitioners. The expenditures amounted to $5,658.14, which included a payment of $1,081.86 to members of the Council, about $1,500 for salaries, and $1,331.60 to examiners, leaving a balance on hand of $3,891.74. No payments have been made towards liquidating the debt on the building.

The following changes were made in the Curriculum, but they do not come into force until one year from date:—

Graduates in Arts will hereafter be required to take a four years' course and be examined in all the subjects comprised in the professional examination.

Permission is given students to spend the six months necessary in compounding medicines, in a drug store or in the office of a physician. A new clause was added, which provides that each candidate for the final examination must present a certificate of ability to make and mount microscopic specimens; attendance at six post mortems, and a certificate of ability to draw up a report on a post mortem examination; also a certificate of having reported satisfactorily on six cases of clinical medicine and six of clinical surgery. A change was made in the primary examination, so as to make them "written" and "oral," instead of "oral" only as heretofore. "Therapeutics" has been transferred from the list of subjects in the primary to the final examination, and "Pharmacy" is inserted instead of Botany, which is struck out entirely.

June 12th.

The Council met at 10 a.m. After routine, Dr. H. H. Wright called attention to the fact, that owing to a defect in the Anatomy Act, there was a scarcity of "subjects" for dissection, and asked the members to use their influence with the members of the Legislature to secure necessary amendments.

The following motion by Dr. Bray was then carried:—"That it is desirable in the interest of medical education, that increased facilities for the study of human anatomy should be provided, and that a committee consisting of the vice-president and members of the Council residing in Toronto, be instructed to wait on the Ontario Government for the purpose of inducing the Legislature to pass the Anatomy Act, and that a copy of this resolution be sent to each member of said Legislature as embodying the views of the medical profession of Ontario."

Dr. Burns moved that Drs. Cranston, Henderson, McDonald and Edwards be a committee to act in conjunction with the Ontario Medical Association to obtain a grant for a pathological museum from the Local Legislature.—*Carried.*

Dr. Williams moved,—"That this Council when seeking further legislative powers from Parliament, should endeavor to obtain the right to appoint a medical practitioner in each electoral division, to tax all medical bills that may be under dispute and referred for his decision, and that such decision shall have the same legal effect as the taxation of bills of costs by the taxing master of the legal profession.—*Carried.*

Dr. Buchan moved that Drs. Geikie and Douglas be appointed to represent the Council at the approaching meeting of the British Medical Association and at the International Medical Congress at Copenhagen.—*Carried.*

The report of the Building Committee, which was adopted, recommended that a site be selected for the erection of the College near the University.

The following officers were elected for the ensuing year:—Dr. Pyne, Registrar; Dr. Aikins, Treasurer; D'Alton McCarthy, Solicitor.

June 13th.

The first business was the consideration of the report of the Finance Committee. A by-law was passed granting an increase of salary to the Registrar, from $1,000 to $1,200.

Dr. Lavell presented the report of the Education Committee, which was adopted. It recommended that the Council accept a county board teacher's certificate of qualification, when endorsed by the Educational Department, as being equivalent to the Intermediate High School certificates on the third non-professional of 1884, as now required by this Council; that no equivalents be accepted in lieu of lectures or hospital practice; that the examiners of last year be re-appointed, with the exception of Dr. Nicol, for whose name that of Dr. Anderson, of Hamilton, be substituted.

The Committee on Legislation recommend that a bill be presented to the Legislature providing that the annual fee paid to the Registrar be raised to $5, which may be commuted by a life payment of $20; that a clause be inserted in the Act providing that no school or college not having a medical faculty shall hereafter be admitted to representation in the Council; that a taxing master be appointed for each electoral division; that the Council shall have power to establish a code of ethics, and in the event of any violation of the code to punish the offender by suspension or erasure of his name from the register of the College, such action to be preceded by examination by the Council, the same to have power to examine witnesses on oath. This latter clause has special reference to the following paragraph from a petition presented to the Council:—"We also beg this Council to urge upon the Ontario Government the necessity to introduce a clause giving to this Council the power to cancel the licenses of those who engage with parties outside of Canada, acting as their agents, thus putting the law at defiance to the great detriment of those practising in this Province."

ONTARIO MEDICAL ASSOCIATION.

The fourth annual meeting of this Association was held in Hamilton on the 4th and 5th ult, Dr. D. Clarke, President, in the chair. There were a large number of members present, and the proceedings were commenced by the reading of the minutes of last session. A communication was then read from the Women's Christian Temperance Union, asking among other things, what ought to be the attitude of the medical profession towards the sale of intoxicants? The matter was referred to a committee.

The reading of papers was then taken up, the first one being by Dr. Workman, of Toronto, on "Aphasia." He was received with great applause by the members, and his paper was listened to with much interest. The paper, which was a very able and interesting one, will appear in the next issue of the LANCET. An interesting discussion followed, in which many of the members took part, and a cordial vote of thanks was tendered the author. It was also decided to have the paper printed.

On taking the chair in the afternoon, the president delivered his opening address. After expressing his thanks to the association for the honor conferred upon him, and his hope that he might be able to discharge the duties of the office in the same admirable manner as the Nestors of the profession who had preceded him in the presidential chair, he proceeded to say he would devote his paper to a mild criticism of matters appertaining to the profession, but hoped that any wounds inflicted would be treated as those of a friend. The first matter referred to was the increase in educational facilities during the last few years, which he considered a matter of congratulation, and that there was no excuse for students with their present facilities and privileges, the results of which are to be seen in the improved culture of the younger members of the profession. In connection with this improved culture, he thought that great credit was due the colleges and central licensing body for the institution of a higher curriculum. Reference was then made to the low state of the professional standard twenty-five years ago, this low standard being due to the number of "irresponsible colleges, boards and isms, while licensing bodies held out strong inducements in the shape of a low standard to students "anxious to become full fledged in the shortest possible time." As a result the body which offered the strongest inducement got the most money and the practice degenerated into a mere matter of business competition. The many excellent practitioners then educated and now amongst the most gifted members of the profession had, he thought, become so from natural aptitude, not from any advantages of the system then in vogue. Then there was a demand for practitioners; now there was an over supply, and it was apparently a question of the survival of the fittest, but supply would regulate the demand. In the United States there is now a great effort being made to rectify this error and all colleges and societies are calling for reform, the evil sought to be remedied being shown by a quotation from a report of Dr. Wright to the New York Medico-Legal Society. Now the great evil is a tendency to specialties, the number being absurd; for though some were adapted to men of special aptitute who, like poets, are born with enthusiasm for knowledge in certain fields for which they are congenitally suited, these were individuals and not classes. Outside of cities the practitioner must be equipped fairly and have a many-sided knowledge. In speaking of these general practitioners, an exception must be made of the non-reading members, the old fossils who trusted to their general knowledge, which would be the better for an extended reading. He administered a fitting rebuke to those members of the profession who adopt the method of the quack in publishing their cases in the local paper. He then referred to the various advertisements in the different papers, both religious and secular, many of which by their covert allusions, did great mischief to the morals of the community, especially to those of weak minds; allusion was also made at some length to many of the advertisers who were really worse than criminals. In conclusion reference was made to the attitude which should be adopted by the profession in regard to prognosis and the evil of magnifying the disease of patients, in order to obtain credit for remarkable cures. He counselled a cheerful countenance, as much attention was paid to the countenance of physicians by the public; lastly, he gave a quotation from Punch, on the hardships of physicians, finishing with a statement of the proper position in reference to other medical men, and the public.

Dr. Howe, of Buffalo, delegate from the New York Medical Society, was then introduced; Drs.

Workman, Covernton and Macdonald were also invited to seats on the platform. Dr. Tye then read his paper on the "Management of the third stage of labor." Considerable discussion followed, Drs. Macdonald, Hamilton; Geikie, Toronto; Bray, Chatham; Bryce, Toronto; Stark, Hamilton; Brouse, Brockville; Macdonald, Toronto; Richardson, Toronto; Griffin, Brantford; Mullin and Rosebrugh, Hamilton, taking part. Next came Dr. Powell's paper on "Later antiseptics in private practice," illustrated by specimens of the newest materials, such as peat, wood-wool, iodoform gauze, corrosive sublimate gauze, decalcified bone tubes, etc. The discussion which followed was taken part in by Drs. Burt, Paris; and Turver, Parkdale. Dr. Griffin, of Brantford, described a case of tumor in the abdomen, the specimen being shown. Drs. Sheard and Graham, of Toronto, made remarks on the paper. Dr. Brouse, of Brockville, followed with a paper on "Ovariotomy and Strangulated Hernia," in which Drs. Groves, Fergus; Campbell, Seaforth; and Turver, Parkdale, spoke.

In the evening session, papers were read by Drs. Burnham, Thorburn and Adam Wright, Toronto, and Turver, Parkdale. During the evening the Mayor was introduced and addressed the meeting, welcoming the members.

SECOND DAY.

The chair was taken at 10 a.m. After routine Dr. Graham, of Toronto, read a paper on " " Idiopathic Anæmia," giving the history of seven cases. The origin of this obscure disease was he thought in the nervous system. Fowler's solution was he thought the only remedy of any value. In the discussion which ensued, Dr. Arnott, of London, said he had experienced great satisfaction from the use of eucalyptus. Dr. Sheard, Toronto, thought an error was made by us in referring all obscure diseases to the nervous system; he thought that the fluids of the blood might possibly be in such an abnormal condition as to produce the changes found in the blood corpuscles. Dr. Cameron, of Cayuga, thought it might be of a similar nature to scorbutus caused by lack of sufficient vegetable food. The president and others also discussed the paper, after which Dr. Groves, of Fergus, read a paper on "Operations on the chest for removal of pus or other fluid from the cavity of the pleura." Dr. Powell said he used the syphon principle in his operations, and showed by means of the instrument which he used his method of treatment. The discussion was also participated in by Drs. Aylesworth, of Collingwood, Richardson, Temple and Bryce, of Toronto.

Dr. Hutchinson, Brussels, then read a paper on "Hodgins' Disease," and illustrated it by a girl aged 10, suffering from the disease, who was present.

Dr. Worthington, of Clinton, read a paper on "Cerebro-spinal Meningitis," which gave an account of an epidemic seen in his neighborhood during 1871-72. Drs. Harrison, of Selkirk, McCargow, of Hamilton, White, of Toronto, Campbell, of Seaforth, and Turver, of Parkdale, gave their experience during this and other epidemics.

Dr. Alexander exhibited a patient with an obscure affection of the knee joint, which had started apparently from an injury two years ago, followed by another about a year ago. The joint itself was very weak, bending inwards when the man walked, while there was great enlargement of the lower part of the thigh. After some remarks on treatment from Drs. Sheard, Toronto, and Groves, Fergus, Dr. Osborne, St. George, showed a patient who had a peculiar growth near the inner angle of the left eye that had been gradually increasing in size for the last seven years.

A resolution was then moved and seconded by Drs. Powell, of Edgar, and Fulton, of Toronto, and carried, with reference to the work of the several temporary committees which was to ensure better attention to their reports by appointing a special subject for the consideration of the committees a year in advance, the chairman to open the discussion on the same.

Dr. Rosebrugh, of Toronto, then read a paper on "Boracic Acid and Boro-glyceride in the treatment of purulent inflammation of the middle ear."

The next paper was by Dr. Riordon, Toronto, giving an account of a case of double uterus and vagina.

Dr. Harrison, Selkirk, then read a very witty and able paper on vaccination, defending the practice against some of the attacks made on it. Drs. McCargow, Hamilton, and Campbell, Seaforth, made remarks on the subject, while Dr. Bryce spoke on the subject of the supply of vaccine and the difficulties to be met with.

Dr. Brown, of Galt, read a paper entitled, "Glimpses of Transatlantic Surgery," giving an account of operations and methods adopted in the principal hospitals abroad. The last paper was read by Dr. W. H. B. Aikins, of Toronto, on the local treatment of spermatorrhœa. The report of the committee on "Medical Ethics" was left for consideration at next year's meeting. The report of the committee on the communication from the Women's Temperance Union, was also left over. A special committee was appointed to report on the subject of Bacteria at the next meeting. The Committee on Nominations reported as follows, and the report was adopted:

President, Dr. Worthington, Clinton; 1st Vice-President, Dr. Tye, Chatham; 2nd Vice-President, Dr. Richardson, Toronto: 3rd Vice-President, Dr. Brouse, Brockville; 4th Vice-President, Dr. Powell, Edgar; General Secretary, Dr. J. E. White, Toronto; Treasurer, Dr. J. E. Graham, Toronto;

Corresponding Secretaries, Dr. Irwin, Kingston; Dr. Harris, Brantford; Dr. Waters, Cobourg; Dr. Hutchinson, Brussels.

It was decided to hold the next meeting in London. After the usual votes of thanks the meeting adjourned.

ONTARIO BOARD OF HEALTH.

The third annual meeting of the Ontario Board of Health was held in Toronto on the 30th of May. The newly appointed chairman, Dr. C. W. Covernton, delivered his inaugural address, in which he dwelt upon "sanitary matters in connection with public health. The principal topic was the removal of sewage in large cities, and Toronto in particular, alluding to the different methods of disposal, precipitation, trunk sewer, etc. The reading of communications followed.

The report of the Committee on Epidemics, etc., contained many illustrations of the necessity for greater public attention to vaccination, greater care on the part of physicians in detecting the disease in its early stages, and more speedy and energetic action by local Boards of Health.

The report on the diphtheria epidemic which occurred some months ago at Smith's Falls, contained striking illustrations of how the disease spread by lack of isolating precautions on the part of householders, and carelessness of physicians and local Boards of Health in carrying out disinfecting measures.

The Board referred the matter of the ventilation of schools to Dr. Cassidy. The Publication Committee was authorized to send to each municipality a specimen blank book for the reports required to be given by local Boards of Health. The secretary was requested to prepare a circular regarding neglect to notify the Board of the formation of local Boards. A committee was appointed to prepare a specification for a system of dry removal of excreta adapted to the circumstances of small towns.

Prof. Galbraith, Drs. Rae, and Bryce, were appointed delegates to attend the meeting of the Ontario Medical Association at Hamilton on June 4th.

A discussion took place upon the introduction of small-pox by immigrants, and it was decided to communicate with Dr. Tache, Deputy Minister of Agriculture for the Dominion, and with the railway managers, concerning the necessity for more extended and systematic action between the Dominion, the Provinces, and the railway authorities for the inspection of immigrants from their arrival at the port of entry till their distribution in the Dominion or passage into the United States.

The following committees for the ensuing year were appointed:—Epidemic and Contagious Diseases—Dr. Covernton, Dr. Bryce. Sewerage and Water Supply—Dr. Oldright and Prof. Galbraith. Foods, Drinks, Adulterations—Dr. Bryce. Buildings and Ventilation—Dr. Cassidy. Poisons—Dr. Rae. School Hygene—Dr. Yeomans. Legislation—Dr. Bryce. Publication—Drs. Oldright, Covernton, and Cassidy.

OTTAWA MEDICO-CHIURGICAL SOCIETY.

At the regular meeting of this society a paper was read by Dr. Small upon '*Simple continued fever.*' He referred to the fact that the Royal College of Physicians adopted the name in their nomenclature to cover all anomalous cases of continued fever that could not be classed with Typhoid or the other well recognized forms. The ambiguous definitions, descriptions, and points for diagnosis as found in the various books, were pointed out. A fever coming within the descriptions was very prevalent in Ottawa, but observations showed that a specific or miasmatic influence was its cause, in this point differing from the various authorities. The question whether it should be regarded as a distinct fever or a type of Typhoid was discussed. The writer was inclined to accept the theory that all fevers were due to a germ, which, under the influence of certain conditions produced in one case a simple continued fever, and in another a severe type of Typhoid. The conclusions of the paper considered the application of this theory to all other fevers. In opening the discussion the President, Dr. Powell, said he frequently met with these mild continued fevers, and although not contagious he could understand that they might be due to the same poison as Typhoid in a mild and altered state. Dr. Playter thought there was much in the view, and referred to the very different effects that could be produced on the system according to the cultivation of the bacilli. Dr. Prevost was always inclined to consider mild febrile attacks as a gastric or bilious fever. He also gave the history and exhibited a patient with a chronic painless disease of the elbow joint.

The meeting then adjourned. A paper will be presented by Dr. Grant at the next meeting.

BRANT COUNTY MEDICAL ASSOCIATION.

The above Society convened in Brantford on Tuesday 27th May. There was a fair representation of members present, Dr. Harris, President, in the chair. The minutes of the last regular meeting were read and adopted. Dr. McCargow, of Hamilton, gave a very interesting paper on "Injuries, embracing wounds of the brachial, radial and posterior tibial arteries."

Dr. Tegart gave notes of three very interesting cases from his practice, namely, rupture of the uterus, strangulated hernia and metrorrhagia.

Dr. Griffin shewed a case of obscure abdominal disease resembling carcinoma.

Dr. Harris related a case of complete spontaneous inversion of the uterus, where he had successfully reduced the inversion, and complete recovery took place.

These papers were each fully discussed, Drs. Sinclair, Griffin, Tegart and others taking part.

After some routine business the Society adjourned to meet in Brantford on the first Tuesday in September next.

Selected Articles.

SAYRE'S EXTENSION SPLINT FOR DISEASE OF THE ANKLE JOINT.

Synovitis of this joint may occur through cold and exposure, but more frequently it is the result of a wrench or strain being followed by an acute effusion into the joint. You may also have an osteitis from the effects of a blow or concussion, which will bring about an effusion of blood into the cancellous tissue of the bone, which may be the cause of serious disease; in the course of time necrosis and caries following. Some authors term this, chronic disease of the joint, progressive disease of the joint. The reason why this disease is so slow in its progress, apparently assuming a chronic form, is simply because the injury which caused it was at the time very slight. A moderate amount of pressure being brought against the side of the joint may result in the extravasation of a single drop of blood into the cancellous bone-tissue; now this injury is so slight that the man may continue at his work, but this slight injury, in perhaps from six to twelve months, has then produced such marked injury as to demand attention. In our examination, we then find increase of temperature, in the part, perhaps accompanied with a semi-fluctuating feeling and intense pain upon pressure in certain positions.

The diagnosis of osteitis is not always easy; there is usually pain, and if you apply the surface thermometer, you can detect an increase of temperature; on examining the joint, by using compression and extension, you will be able to detect the disease in either ligaments or cartilage. If you stretch the ligaments, it will cause pain if the disease be in the ligaments; if the disease be in the bone, the pressure upon the parts will produce intense pain. I do not believe that the disease commences in the cartilage itself, but being devoid of sensibility, it undergoes change and becomes necrotic after the bone has become diseased; the cartilage becoming absorbed, leaves the cancellous bone-tissue exposed, then the pain becomes excruciating. When the cartilage becomes ulcerated, there is a thickened condition of the synovial membrane ensuing, and its secretion becomes gelatinous and of a reddish color. If the disease be not arrested, caries of the bone takes place, and as soon as the slightest portion of the bone becomes dead it becomes a foreign body, and is the source of constant irritation until it is removed; the slow process of nature may, in time, burrow through the tissues, and thus the bone be discharged. The greatest difficulties that I have seen occurring in the ankle-joint, arise from very slight injuries.

A case that came under my treatment was that of a farmer who simply twisted his foot while plowing, and at the end of two or three years he had a diseased joint, which it was thought would require amputation. He was sent to me as a specimen of chronic disease of the joint, which is claimed to be the result of a strumous affection; but this is not so in the great majority of cases, and even in those persons of a strumous diathesis it will require some injury at a special point in order to form a primary lesion. In this case a large amount of bone was removed, and following this was an extensive hemorrhage; the wound was at once filled with oakum saturated with persulphate of iron; the man finally recovered with a good, useful foot, having a perfectly movable joint.

I saw a young lady two days ago who had had her ankle locked up for two years in a plaster-of-Paris dressing, without affording her any relief; but on the contrary, the disease was still progressing. There had been no extension made at the time the dressing was applied; the diseased surfaces had been locked up immovably, but they were still pressing upon each other, and hence absorption of the structures was still going on. She came to me, and I at once applied the extension splint (Fig. 1), which gave her immediate relief. I removed the splint the next day, and at once the pain was as severe as before, showing thar the articular surfaces being brought together caused this intense pain.

The extension splint which I use for the ankle-joint you will notice consists of an iron foot-plate with an anterior and posterior rod, each composed of two pieces, sliding into each other by means of a ratchet and key. These rods extending upward to just below the knee are attached to a collar, which passes around the leg. The posterior rod, just at the heel, has a joint at that point, while the anterior one is attached to the central portion of an arch passing over the foot. Just anterior to the arch the foot-plate is divided and hinged in order to allow of flexion of the toes—the foot-plate at the heel being slightly narrower than the heel itself in order that the foot may not slide from side to side. This point must be specially attended to when ordering the instrument.

In applying this instrument, I first pass inch-wide strips of the mole-skin adhesive plaster parallel with the leg from just above the ankle to the knee, placing them almost close together all around the leg, and securing them firmly by a roller-bandage. Then placing a piece of old linen under the foot upon the foot-plate of the instrument, to absorb moisture, I secure the foot in position with adhesive plaster to the instrument, as I here show you. (Fig. 2.) I now pass a roller bandage around the foot, over the plasters, and secure them firmly, leaving, as you observe, the ankle-joint exposed. Then securing the collar of the instrument just below the knee, I reverse the ends of the adhesive plaster over the collar, and then pass another strip of plaster around the collar over the other strips to hold them in place, supplementing the same with a roller bandage, which I pass down the leg also. You will now notice that the instrument is firmly secured, and I am prepared to make my extension, which I do by first keying out one rod and then the other, until I have reached the correct point, which affords most relief. This being done, I am now at liberty to make my compression around the joint as may be indicated, covering in the whole with a roller bandage. As the dressing is now complete, the parts are entirely covered in. But always make your extension at that stage of the dressing, as I just now showed you; do not make your extension after your dressing is complete and the parts are all covered, or strangulation may occur and necessitate the instant removal of your dressing.

If the ankle-joint be injured by a sudden shock, as from jumping out of a waggon, or from any height, put the foot at once into hot water, and keep it there for several hours, gradually increasing the heat of the water to as hot as it can be borne. On removing the foot from the water, apply a snug bandage, and keep the parts at rest for a few days. In the majority of cases you will find that this treatment is all that is required when applied early.

There are also a great many mild cases in which by massage for a number of hours you can restore the circulation and cause an absorption of the extravasation; this, however, is an experimental treatment which will not answer in all cases. You may sometimes secure absorption of the fluid in a few days by this method; it is at all events worthy of a trial. There is no law by which you can be governed as to the treatment by this means; you are safer, therefore, to rely upon giving the joint complete rest for a little while, until the inflammatory action has subsided. In some cases it may be necessary to apply leeches or cups to lessen the amount of blood in the part; but I prefer to use the cups and prick the parts with a sharp tenotome; by this means you avoid the bad leech-bites. Persons who have a bad diathesis do not bear leech-bites well, as it may be followed by an erysipelatous inflammation. Many of these cases of ankle-joint disease are reduced to a bad condition by the long-continued use of poultices. These solicit more blood to the part, and the foot becomes one boggy, doughy mass. Apply firm compression around the joint, and you will be surprised at the result. When the connective tissue becomes loaded with this exudation, the more it is poulticed the worse it will become. If the disease has gone on to suppuration, open the joint at once, and let out the pus, avoiding injury to all vessels and tendons; always cut parallel to the vessels and tendons. If you find the bone to be dead, take it out, as it is then a foreign body, and until it is removed there is no prospect of recovery. Keep the limb in the horizontal posture as long as the ankle throbs when brought to the ground. Do not let them assume the erect posture too early. You can never have an inflammation of the joint without a reflex action of the muscles following sooner or later, if the disease cannot be arrested. This, of course, gives rise to deformity, the stronger muscles prevailing; and hence the more common deformity is talipes equinus, with sometimes more or less valgus or varus.

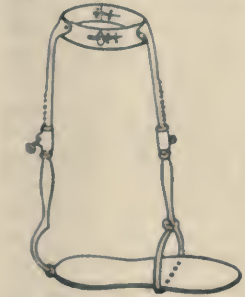
Fig. 1.

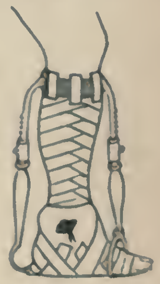
Fig. 2.

To prevent that, you should always make extension. It is absolutely necessary to secure extension as well as rest for the part, the extension being applied with sufficient force to prevent compression of the articular surfaces—the contraction of the muscles then becomes *nil*. Very often there is an enormous amount of effusion around the joint, which can only be relieved by firm compression. In this case, use a large wet sponge, squeezing out all the water, then bind it firmly around the joint, after which dip the joint in water or pour water over it, and the sponge absorbing the moisture will secure greater compression. Many persons used to amputate these joints. I, however, think cases of diseased joints but seldom require amputation. Here (showing cast) is a case in which I was called upon to assist at an amputation of the ankle-joint. I came to the conclusion, after examining it, that an effort should be made to save the foot, as it appeared to be tolerably healthy. My suggestion was adopted. Extension was then made, and the foot secured in the manner described, with the most satisfactory results.

Case 3. This little child was brought to me three months ago, suffering from disease of the ankle-joint. At that time it was characterized by that peculiar boggy feeling which I have before described in these joint diseases. In this case the extension splint has been used, and in addition the sponge has also been applied around the joint to secure additional compression. The splint has now been worn for about two months. The mother states that the child has had no pain at all, and when the instrument is properly adjusted, she can play around the house with the other children. Now you observe here that by pressure upon the child's foot I cause no pain. To-day we will omit the use of the sponge, and now, having extended the joint, I make firm compression around it by means of the adhesive plaster and the roller bandage. You thus have the joint entirely at your control when dressed in this manner.

In those cases where an abscess appears and you find excessive inflammation, you can freely open the joint and let out the pus. In diagnosticating for pus, hold one finger absolutely still and gently pass the other over the inflamed surface, in a line parallel with the long axis of the muscles; do not go from side to side of your finger which is stationary, or you will be deceived by the lateral movement you cause the muscular tissue to make; but go above and below with the long axis of the muscular fibre. By this means of slight compression you will cause the pus to pass under your other finger, and thus distinctly feel the fluctuation; this is a simple, practical point. In these cases the abscesses must be thoroughly evacuated either by aspiration or free incision; if the latter, it should be freely washed out antiseptically, and filled with Peruvian balsam, and dressed with oakum; then allow your patient to get out as soon as possible. Now, if you thoroughly master the principles of this treatment, you can perform these operations equally as well as myself, and thus save the joint from amputation.

Case 4. In this boy's case the extension splint has been removed from the ankle, and in its place has been substituted a piece of sole leather which has been thoroughly wetted, and then moulded to the foot and ankle while it was extended; it was then bound securely to the joint with a roller bandage and allowed to remain there until it had become thoroughly hardened, when it, of course, assumed the exact moulding of the parts; you then cove this leather splint on both sides with moleskin adhesive plaster, the adhesive side out, and apply i once more to the limb, at the same time making traction upon the foot and securing the splint t the foot with a roller bandage; this being accomplished, extension is now made, and your bandage continued above the ankle up the leg; the splint is thus firmly secured, and extension of the join maintained sufficient to prevent attrition of its surfaces.

Often, in many of these cases where you are unable to secure the leather or extension splint, you can fold a piece of paper up very tightly, then cover it with a piece of adhesive plaster from end to end, on both sides, with the adhesive side out Then bend it to fit the anterior portion of the foot allowing it to pass up the leg. Now fold up another piece of paper, and cover in like manner, and apply to the sole of the foot and pass up over the heel. Having placed these in position, take a roller bandage and secure them firmly to the foo as far as the ankle. My assistant then making traction upon the foot, I continue my roller bandage above the ankle-joint and up the leg over the paper splint, the adhesive plaster holding it in position, and by this means my extension is maintained. In this case before you I shall again apply my extension splint, in order to make the adjustment more perfect. I merely show you the method of adjusting this leather or paper in such cases where you have not the opportunity of securing the iron splint.—*Med. and Surg. Rèporter.*

CARCINOMA OF THE OMENTUM AND LIVER.—BARTHOLOW.

The case now on the table is a very interesting and instructive one. This man is 66 years of age and is a farmer. He has followed a laborious occupation all his life. He states that he was perfectly well until last October (five months ago) when he began to notice that stooping caused pain. One month later he discovered a tumor in the abdomen. There is now considerable pain caused by movement or bending of the body.

Looking at the abdomen, you observe that the nterior surface is pressed up by a mass which is most prominent in the neighborhood of the right hypochondrium. Depressing the walls of the abdomen, I am able to get my fingers beneath the edge of this mass, and with a little effort I can lift it up to a certain extent. On the right side the thickness is somewhat greater. I have drawn a line around the edge of the tumor as it is determined by percussion. As you see, it is oval-shaped, with the point downward, and has to a certain extent the shape of the omentum, which hangs down in front of the intestines. The thinnest part is about one inch in thickness, and is in front.

The questions which we first encounter are, what is the relation of this mass to the organs within the abdomen, and is it connected with the liver, for you see the greatest thickness and prominence is in the neighborhood of the liver? With a little care I can insinuate my fingers beneath the ribs and between them and the tumor, and by careful percussion I am unable to find any marked difference in the percussion note over the liver and over the tumor. This mass, if separated from the liver, extends under the shelving border of that organ and comes in contact with it. In front, light percussion over the tumor gives a dull note, while stronger percussion develops distinct tympanites. Light percussion throws into vibration the hard mass which lies in the anterior part of the abdomen, while deep percussion brings out the tympanitic note of the stomach and intestines which lie beneath the mass. This indicates that the mass is in front of these hollow organs. What organ is there in front of the stomach which, being diseased in this way, would lie in this position? Of course, that organ is the omentum.

I shall next examine the condition of the aorta which, running beneath the tumor, might come into relation with it. Listening with the stethoscope, I hear the ordinary sounds. There is nothing to indicate that the aorta is pressed upon. By simply pressing firmly enough the stethoscope on the aorta, the sounds characteristic of aneurism may be developed. It sometimes happens a diagnosis of aneurism of the aorta is made in this way. If this tumor pressed upon the aorta we should expect to have pulsation, thrill and bruit. There is nothing to indicate pressure on the aorta; on the contrary, the sounds heard indicate that the aorta is not impinged upon. We have in this fact an additional reason for believing that the mass lies in front of and is distinct from the aorta and adjacent organs.

The appetite is poor, and there is a sense of fullness after eating even a small quantity of food, although there are no eructations. This sense of fullness is evidently simply mechanical, the mass in front preventing any distention of the stomach. There is no indication that the stomach is involved.

From a consideration of these various points I come to the conclusion that this mass is connected with the omentum, and extends under the margin of the liver, involving that organ secondarily. Although he has had no jaundice, he has at times exhibited a distinctly bilious appearance. He has that faint yellowish hue which is observed in some cases of slight jaundice. I show you a specimen of the urine passed a few minutes ago. Testing with nitric acid, it is found to contain the biliary coloring matters. In other words, the biliary function of the liver is disturbed, as is shown by the peculiar tint of the skin and the examination of the urine.

The surface of the body is cool, the pulse rather slow and the organs of circulation are in a fairly good condition, normal, for this period of life, so to speak.

We next come to the final point: What is the nature of this growth, and what is its relation to this obvious hepatic disturbance? When we consider the age of the subject, the great hardness of the mass, its rapid development and the great emaciation which it has produced, we can scarcely avoid concluding that we have to deal with malignant disease, most probably of the scirrhus variety. For the reasons which I have given, I think that the mass occupies the omentum, passes somewhat under the liver, with which it is probably connected by inflammatory adhesions—for he has had considerable acute pain—and that secondary deposits have taken place in the organ. We have then scirrhus of the omentum, with secondary deposit in the liver.

Such being the character of the case, what treatment should be pursued? Of course, if this diagnosis be correct, the treatment will occupy a very secondary position. In all cases of this kind, as I have told you on other occasions, we should not pronounce a fatal sentence, but should assume the existence of a curable disorder. I shall follow the beneficent rule in this case, and assume that we have a condition which can be remedied, and shall use that remedy which, above all others, has the power of affecting the absorption of inflammatory and specific exudations. I will, therefore, tentatively give massive doses of iodide of potassium, by way of beginning the treatment. By massive doses, I mean from twenty to forty grains three or four times a day. This is such a diffusible agent, that in order to make a profound impression, it must be given in large doses. I shall order for this patient half a drachm of iodide of potassium three times a day, well diluted with water, so as to give the stomach as little distress as possible. The patient also suffers from constipation, which should be relieved by enemata.

Topical applications would be of no service if the diagnosis which we have made be correct; but following out the beneficent rule, already laid down, I shall order the ointment of the red iodide of mercury to be used once a day until the characteristic action on the skin is produced. I use this on account of its specific action, and because it unquestionably has the power of promoting absorption.

Another thing which should be done, as an aid to diagnosis, is to introduce into the mass an exploring trocar, and withdraw, if possible, some of its contents for microscopical examination. This would have been done before presenting him to you, but the man just came to the clinic. We shall, however, take an early opportunity to make the puncture. This can be done with perfect safety, and will probably settle the question as to the character of the growth.—*The Col. and Clin. Record.*

ADVICE TO MEDICAL WITNESSES.

In the transactions of the Oregon State Medical Society, will be found a paper on Forensic Medicine, by the President, Dr. C. C. Strong, of Portland, Oregon, from which we condense the following advice to physicians who may be called upon to give medical testimony in the course of a trial. First, let there be the most thorough preparation; the study of the case should be as complete as possible, as every opposing lawyer has "crammed" for the occasion, and will not fail to take advantage of the slightest slip in the testimony of the witness. It places a medical man in a very unpleasant position who comes into court from a half-performed post-mortem examination, satisfied because he has detected disease of the heart sufficient to cause death, if he is questioned whether or not there was fracture of the skull; and if subsequent examination or testimony reveals that condition, of which he was ignorant, he loses professional standing which can never be recovered. Let the preparation be methodical, and if possible, chronologically arrange the facts in the case. Be careful to refresh the memory just before the trial as regards places, dates, names, and times; and when possible in naming a particular day, in the course of the testimony, it is well to give the reasons which impressed it upon the mind. Consider carefully beforehand size, weight, distance, when these are involved, using invariably their old English standards in mentioning them; and where proximate measure only is required, be sure and refer to well known articles. There is nothing impressive, but the contrary, in referring to some professional standard generally unknown to the laity, unless it is necessary to make the testimony clear. If the witness is able to make some kind of a sketch showing the relation of a body, or portion of one, to its surroundings, his words can be much more plainly and definitely understood—but the sketch must be absolutely accurate.

As an expert the physician will frequently be called upon for his opinion, and as his conclusion are to be deduced from proven facts, they must b carefully drawn to possess any value. To perform this duty thoroughly he should therefore not wai until in the witness box. Tidy's advice may wel apply at this point. He says: "And if in th quiet of your study you fail to come to a satisfactory conclusion, do not attempt a wild conjectur in the hurry and excitement of the witness box To *be* accurate is ten thousand times better tha to *appear* brilliant" The physician should carefully study the opinions held and expressed b others, and be able to give good definite reason why he adopts some and rejects others, always remembering he will be exposed to the scathing fir of cross-examination. He should bear in min the difference between a fact and an opinion s that there may be no confusion in his mind regarding their identity. For example, it is a fact tha certain drugs are deadly poisons; but their actio in producing certain effects is an opinion. Th direction, size and character of a wound are facts Deductions drawn as to the manner in which th wound was produced, or for what purpose, is, i most cases, a matter of opinion. An opinion however, is always based on facts, and either personal knowledge of the circumstances relatin to these facts, or knowledge gained from undisputed authority concerning them, is essential. N tolerance can be given to hearsay or rumor. biased statement given by a witness is invariabl detected, and attempt of the witness to arrogate t himself any of the duties of the jury, injures th value of his evidence. The plainest English shoul be employed, and any tendency to exaggeratio suppressed. Be sure before answering that th entire question is thoroughly understood, and th question alone asked should be answered withou ambiguity or useless expressions. All "ifs" an "thats" should be omitted if possible, and the answers should convey real meaning in such clea unmistakable language that there can be no misunderstanding. If no distinct opinion on a certai subject has been formed, there should be no hesitation in saying so; and the physician shoul never allow himself to be drawn into, or give, a opinion formed on the spur of the moment, in th witness box. As nearly as possible the exact language of conversations testified to, or authoritie quoted, should be given. When the close pressur of cross-examination occurs, the only safety of th witness is in coolness, self-possession, and a thorough knowledge of the case. If he lose his ten per, he is sure to be led on until he irretrievabl damages himself, his testimony, or his medica reputation Admitted ignorance of a question no understood is not only not condemnatory, bu praiseworthy; and within certain limits the answe "I do not know" is both safe and honorable. witness may be obliged to answer yes or no in ven case ; but, though he may not modify it, he e has a right to explain his answer so as to make comprehensible, and he should always avail himlf of that privilege, to prevent any chance of a isunderstanding of his meaning. All facts should e given as the witness understands them, without ference as to their effect, and in opinions drawn om facts if any honest doubts arise, they should e plainly stated.

The witness should never allow himself to be rawn into a discussion ; but having given an pinion, and the reason for it, let it rest there. He entitled to have the question fairly and clearly tated to him ; and the utmost care is required hat the conditions of a hypothetical case should e plainly discerned and properly understood by im before answering. If the hypothetical case ontains impossibilities, or inconsistencies, he hould never endeavor to give a mixed answer, ut insist that a proper case be given him. One f the most important points of all to be rememered is, that the opposing attorney will probably ttempt to impair the value of important testimony iven by the medical witness, by showing lack of rofessional knowledge, and will propound quesions which are incapable of definite answers, beause of differences of opinion among high medical and legal authorities. The only manner by which ch an attack can be met is to enter the courtoom prepared to state the existence of such diferences, when they exist, and as they will proably relate either in a direct or remote manner to he subject of trial, the simple form of preparation that recommended by Tidy, namely, get the ase well up in your office before the trial.

Neuroses of the Viscera.—Dr. Clifford Allbutt in the Gulstonian lectures gives the following :—If we turn our eyes upon the flock of women who lie under the wand of the gynæcologist, we shall ind it so largely composed of the neurotic and hysteric, that we may say in our haste the uterus has no substantial diseases ; that its affections are l neurotic, or so far reinforced by neurosis as to depend for their cure mainly upon neuropathic edicine. Herein we in our turn should be to lame. Many a woman, otherwise robust enough, and many a woman, whose weakness may lie not n her nervous system, suffers from uterine disorder, from painful uterine states, nay, even from stant sympathetic pains also, which come of mischief wholly local, or of mischief reinforced by atheses other than the neurotic. Making however, the utmost allowance for all these, I contend hat a vast number, I will go further, and say a preponderating number, of such sufferers lie under the courge of neurosis, and that their uterine and varian disorders are either wholly neurotic, or, as I have said, so reinforced by neurosis as to depend hiefly or wholly upon general medicine.

Let me take as an instance a young lady coming of a family in which great mental gifts had thrown into relief the many eccentricities and humours which accompany them ; a family, too, of which no household had been free from nervous disease. She possessed the gifts and the attractions of the neurotic diathesis, and labored under its defects It is possible also that she was in some degree under the stress of what Anstie called the unconscious sexual impulse. She was restless, excitable, and suffering. Her pains were mostly pelvic and abdominal. She never put her feet to the ground, partly because it intensified her pain, partly because she had been forbidden to do so. She had lain on her back for months. Pessaries had been introduced, but, being intolerable to her, were withdrawn. Her periods were agonizingly painful for the first two days, and were profuse, and she had constant leucorrhœa. Her appetite was almost gone, her stomach queasy, her frame emaciated ; but she was unselfish and full of courage, and would have scorned the wiles and exacting whims of hysteria. Her womb had been incessantly under specular and other examination for a year or two, and, like nearly all such patients, she had uterus on the brain. I found the vagina tender, and the womb exquisitely tender ; its substance was soft, and its attachments lax. Its position, therefore, was somewhat backward and downward. Acute suffering was caused in the upper hypogastrium when the fundus of the uterus was pressed upon *per rectum*. The rectum was full of fæces. By the speculum, I noted that there was both uterine and vaginal catarrh, and that the os uteri was excoriated—in the state, that is, of the upper lip of a scrofulous and snivelling little boy.

My most difficult task was to win my patient over to the belief that her disease was not mainly uterine, but mainly neuralgic ; this once accomplished, our progress, though slow, was sure. I declined to initiate any treatment whatever until she would get her feet to the ground, and thenceforth cautiously regain the use of her legs. This took three months. Meanwhile I declined to "cure the ulceration of the womb" for the twentieth time, but made her content with rectal and vaginal astringent douches, first hot and afterward cold. As soon as she could walk, we perched her upon horseback. She was treated with the phosphide and valerianate of zinc, with bromide of ammonium, iron, quinine, and like remedies, with occasional sedative suppositories. In six months I found the uterus more compact, the ligaments braced, and the os clean and sound ; the leucorrhœa had ceased, and all the parts could be handled without pain. Menstruation was still painful, but less so than formerly, and there was some menorrhagia. She was mixing, however, in general society, could ride gently to hounds, had regained appetite and looks ; and, although I then lost sight of her, I have every reason to suppose she is as well as she is ever likely to become.

REMARKS ON CHOLERA INFANTUM.—Dr. James Craig, Jersey City, N. J. *(Archives of Pedriatics)* says:—During the summer months the mortality among children is alarming, and calls for the earnest attention of medical men. The extreme heat and enervating character of our climate tend to exhaust and induce a nervous condition of the system, and when attacking the digestive organs produce a specific diarrhœa, well named cholera infantum. Its course in some cases is very rapid, and in all dangerous, if not soon relieved. The watery evacuations produce a thickened condition of the blood, interfering with free circulation, causing passive congestion of the brain, and adding another danger, viz., compression from effusion of serum into the ventricles, producing convulsions, and in some cases coma and death.

Convulsions, also, are caused by reflex action from irritation of the stomach and bowels. In some cases the stools are very frequent, with an odor *sui generis*, which is almost pathognomonic of the disease; in other cases, there may be very few movements, but very large in quantity, and when such is the case may there not be a septic influence at work poisoning the blood and overwhelming the system? Cleanliness should be rigidly observed, and the stools removed as soon as voided. Vomiting, or the effort to do so, is a very distressing symptom, and demands prompt attention.

The treatment of cholera infantum varies very much, and depends upon the physician's ideas and experience. The indications are to prevent nausea and vomiting, support the strength, and check the diarrhœa. If nursing, no change in diet is made, but care should be taken not to nurse the child too often or too much at a time. If bottle-fed the milk is stopped, and stale bread, soaked in water with a little sugar and brandy added, or Robinson's prepared barley, or arrow-root made with water, and given in small quantities answers a good purpose. Milk is also prohibited where the child is weaned, but is gradually resumed as it improves; where the child is weak, one teaspoonful of brandy to six or seven of water, a teaspoonful of which is occasionally given. Where a more powerful stimulant is required, carbonate of ammonia in one or two grain doses mixed in syrup of acacia is used according to the age of the child.

For the gastric and intestinal derangement my favorite prescription is:

℞ Liq. Acidi Carbolici, 5 per cent,......ʒj;
Bismuthi Subcarb.,.................. } *aa* ʒj;
Pepsini sacch.,......................... }
Syr. Aurantii cort.,........ ....ʒij;
Aq. Cinnamomi, *ad*.....................℥iij;

M. Sig.: A teaspoonful every two or three hours until relieved.

I also apply a spice plaster over the abdomen composed of the following: Powdered cinnamon, cloves, nutmeg, ginger, allspice, of each, two drams, honey and glycerine, of each, four drams; white o one egg, and spread on cheese cloth or fine mosquito netting. It may remain on over the region of the stomach and bowels for hours o days without blistering; it merely reddens the skin and is an excellent counter-irritant. A bandage should be applied over it to keep it in place.

Change of air frequently brings about convalescence in a very short time. When that canno be had, the next best thing is to take the child ou daily for an hour or two at a time early in the morning and late in the afternoon. While in the house the child should be kept in a well ventilated room, free from draughts.

USE OF FORCEPS IN BREECH PRESENTATIONS.—Dr. Truzzi is strongly in favour of the use of forceps in breech presentations. He says that, in cases of impaction of the breech in the upper o middle parts of the pelvic cavity, the prompt extraction of the fetus being indicated, and while one of the hips is not yet rotated under the arch of the pubes, it is better to have recourse to the application of the forceps to the fetal pelvis than to trust to traction on the groins, which is insufficient if practiced with the fingers, and dangerou with the blunt hook or fillet. The proposal o Clivier to apply the forceps on the thighs rathe than to the pelvis of the fetus, though seductive theoretically, does not work practically. It is difficult to limit the pressure of the forceps to the thighs alone; and if this be not done the abdomen would be pressed on, and possibly even the live injured. The concave extremities of the forceps pressing on the convex surface of the thighs, slip downwards and forwards, and after a few pulls the original good hold is lost. Much easier and safe is the plan of applying the forceps to the side o the fetal pelvis. The iliac bones at this period are so elastic, and, compared with the bones of the head, are so protected by the soft parts, that even if the force of compression be somewhat abused it is difficult to injure the fetal pelvis. To obtain a firm hold, the extremities of the blades must be passed beyond the crests of the ilia, and when the handles are approximated they bury themselve slightly in the walls of the abdomen, and on traction being applied, bear on the crests of the ilia and at the same time impart to the hips of the fetus a convexity to which the concavity of the blades of the forceps exactly adapts itself. The liver runs no risk since, large as it is in the fetus it never descends to the level of the crest of the ilium; besides, its lowest part is the thin edge o the right lobe, which may be displaced inwards but not lacerated or contused by pressure of the forceps. The same may be said of the intestine which from its mobility avoids even the consequences of considerable pressure if this be made in a methodical and skilful manner. A folded cloth may be placed, as suggested by Tarnier, between the handles of the forceps, to prevent too much compression. The forceps takes a better hold, and the author has never seen it slip in sacro-posterior positions. He recommends, in some cases of sacro-posterior positions, that the position should be altered by a forcible rotation of the sacrum forwards before using traction. It is better, he says, to keep up a certain amount of compression in the intervals of traction; if this be not done, the iliac wings, by their great elasticity, tend to resume their normal place, and the forceps may be displaced.—*Lon. Med. Record.*

CHRONIC BRIGHT'S DISEASE.—Dr. Wm. Pepper (*Medical Times*, April 19, 1884,) gives the following in regard to treatment:

"With this pulmonary trouble and emaciation, I should be unwilling to treat her with such a rigid diet as I should resort to if she were in a better state of nutrition, and were not the subject of chronic lung disease. She will receive a light breakfast and supper, consisting of some form of mush, with cream or milk. Her dinner will consist of meat, fish, or oysters. Between each meal she will be given a glass of milk; egg will be avoided. The form of albumen found in eggs has seemed to me to dispose to an increased excretion of albumen. I prefer to this lean, under-done meats and oysters.

"I propose to give her cod-liver oil and bichloride of mercury. Iodide of potassium, which I should gladly give her occasionally, irritates the kidneys. I therefore prefer to use bichloride of mercury, beginning with a moderate dose and increasing it as the stomach will permit. I shall commence with one-fiftieth of a grain, slowly increasing to one-twentieth of a grain, immediately after meals. The cod-liver oil will be given during the alkaline stage of digestion, an hour and a half after meals. Iodine will be applied over the left chest as frequently as can be done without producing too much irritation of the skin. The action of the skin will be promoted by daily friction and the rubbing of a little oil into the skin."

ANEURISM—LACERATION — PROLAPSUS UTERI.—M. Trélat communicated two cases of aneurism to the Sociéte de Chirurgie, one of which refused to be influenced by indirect pressure sustained for a relatively long period. The position occupied by the tumor was the popliteal space, and although compression was made in Scarpa's triangle, no diminution was appreciable. At last the ligature was resorted to, and the tumor was not slow to shrink, harden and disappear. The same member reported a case of suture of the perineum, in which the perineal and vaginal sutures were made. The patient cured rapidly. Out of eleven cases thus operated upon, only three failed. M. Verneuil, who agreed with M. Trélat as to the position of the sutures, preferred the silver wire to the mother-of-pearl buttons; he leaves them eight or ten days *in situ*. M. Després was astonished at the large number of these cases which have recently come to light. In his long career he had only three times practiced the operation. His principle was to wait until three months after the delivery; and to prevent the vaginal liquids from penetrating the wound, he made the patient lie upon her face.

M. Thomas communicated the case of an irreducible prolapsus of the uterus, and for which he was compelled to have recourse to total ablation by the elastic ligature. It was the case of a domestic, who for two years had been suffering from the affection in question, and all attempts at reduction were rendered useless. The tumor was voluminous, and showed signs of sphacelating. In an attempt at reduction he tore the posterior wall of the vagina. It was then he decided on extirpation, and the patient made a good recovery.—*Medical Press.*

ELECTRICITY IN PARALYSIS CAUSED BY CEREBRAL HEMORRHAGE.—Authorities differ greatly as to the time which should elapse after an apoplectic attack has been followed by paralysis, before commencing treatment by electricity. The general opinion is in favour of allowing some time to pass, so as to permit the absorption of the clot and the subsidence of the inflammatory reaction. Prof. De Kenzi (*Revista Clinicae Therapeutica*, Jan., 1884) on the other hand, thinks that electricity may be employed, if proper precautions are taken, with the greatest success a short time after the attack, that is, in the first week. To the treatment of electricity he invariably adds other means to prevent the return of the hemorrhage and the development of inflammatory reaction. These consist in the enternal use of bromide of potassium, the constant application of cold to the head, and the administration of some drastic purgative whenever there is constipation. The application of electricity exerts an immediate effect on the muscles, which, in the majority of cases, at once regain their contractile power under the influence of the will. S. P. was admitted suffering from cerebral hemorrhage; on the fourth day of the attack there was complete paralysis of the left leg. Electricity was applied to the muscles of the thigh, and immediately afterwards the patient was able to bend the limb and to raise the knee for some distance from the level of the bed. On the next day the patient was unable to extend the limb after bending it; electricity was again applied; he then flexed and extended the leg without difficulty. On the sixth day paralysis of the toes only remained, and this also yielded to electricity. The application of electricity ought to be practised directly the rapid and spontaneous disappearance of the paralytic phenomena, which is usually noticed in the first days after an attack of apoplexy, is arrested. The intensity of the current should be very little, and such that it can hardly be perceived by the observer, touching the rheophores with his fingers wetted in salt water. The interruption of the current must be considerable, the greatest that can be obtained with the automatic interrupting apparatus of the electrical machine. The electrical excitement must be limited to the muscles and intramuscular nerves, therefore the two rheophores must be applied successively for a few seconds to the fleshy parts of the various muscles. The duration of each application is from one to several minutes. The instantaneous action of electricity in paralysis from cerebral hemorrhage is easily explained by admitting that these paralyses are often neurolytic or suspensive, and that they do not depend on destruction of nerve elements. The electricity induces in the nerves a negative variation, which extends to the two extremities of the nerve-fibre; so that it overcomes the state of neurolysis determined at the central extremitiy of the same fibres by the extravasation of blood.—*London Medical Record.*

DIGITAL DILATATION OF THE OS.—At a meeting of the Obstetrical Society of Philadelphia, held April 3rd, 1884, Professor Theophilus Parvin expressed the following views on this subject, while discussing a paper:

He would be sorry to see digital dilatation adopted as a rule for all cases. The fingers, used as recommended, did not act solely, possibly not chiefly, as dilators but evoked uterine contractions. Voluntary efforts at bearing down were not needed during the first stage; they were dangerous rather than helpful. The method might be useful in some cases after the rupture of the bag of waters, which was the natural dilating agent. There was also danger of septicæmia from germs on the fingers. He did not think the finger so good a dilator as Barnes' dilator, because unequal, partial pressure upon the os did not evoke the decided uterine contractions that uniform pressure did. He thought the danger of a change of presentation by the use of Barnes' dilator was very slight. He would prefer a mechanical dilator to the finger whenever dilatation was necessary, but thought something ought to be left for nature. Any sort of interference involved a possibility of danger.—*Col. and Clin. Record.*

ORAL PATHOLOGY.—A red line on the gums, with fetor and metallic taste, indicates ptyalism, a blue line, lead poisoning; great sponginess, with sloughing and great fetor, scurvy; a red line about the teeth and along the gums, periostitis; purple gums and purulent discharge, necrosis; gums hot, red, swollen, very tense, phlegmon; gums inflamed and soft, with fluctuations, alveolar abscess; swollen gums, fetid discharge, mucous patches, shallow ulcers under the tongue, eroded palate, eruption of mouth, skin and scalp, gums everted, fetid matter from necks of teeth, syphilis; a white coated tongue, indigestion; a brown, dry tongue, depression, blood-poisoning, typhoid fever; a red, dry tongue, inflammatory fever; a red, glazed tongue, general fever, loss of digestion; a tremulous, moist and flabby tongue, feebleness, nervousness; a glazed tongue, with blue appearance, tertiary syphilis.—*Independent Practitioner.*

SPERMATORRHŒA.—A mixture containing tincture of perchloride of iron and tincture of nux vomica should be given twice or three times a day; also a pill containing a fourth or a third of a grain of extract of belladonna with three grains of camphor, should be given at first, every night immediately before going to bed. If these lines of treatment be adhered to, the patient, whether suffering from real spermatorrhœa or simply from frequently returning nocturnal emissions will be greatly relieved. The emissions will occur less and less frequently, till, in the course of a few weeks, or possibly months—for a malady of long standing (as this usually is) is never cured immediately—they will cease altogether, or only occur at such intervals as may be deemed normal, and in which there is no harm whatever.—*Brit. Med. Jour.*

SUBUNGUAL EXOSTOSIS.—(*Gaz. med de Nantes.*) M. Heurtaux exhibited a subungual exostosis of the right big toe, which he had removed from a lad of 15. The first manifestation of this tumor was about a year ago. At first, pains were only slight, but the wearing of boots became very painful. Three or four months later, the nail was raised, then perforated as of excessive usage. Pain became unbearable; the exostosis was the size of a hazelnut. In order to remove it, the nail had to be extirpated first, a horny layer which covered it had to be detached; than a hollow gouge was plunged in it obliquely, and by this means the tumor was lifted out.—*St. Louis Med. and Sur. Jour.*

SULPHATE OF IRON IN THE TREATMENT OF HEMORRHOIDS AND PROCTOCELE.—Dr. Wimpellberg recommends an ointment of the subsulphate, in the proportion of 12 grains to the ounce, to be applied night and morning. In cases of proctocele, he uses the persalt internally, in doses of 2 gr. three times a day, in conjunction with the local use of the ointment. He speaks particularly of the rapidity with which he has known piles to disappear under this treatment during pregnancy.—*Medical Bulletin.*

THE CANADA LANCET.

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RESTRICTION OF NOSTRUMS.

The adulteration of articles of food is held to be a crime against public health and morals, and all enlightened governments have enacted laws declaring such practices illegal, and ordering persons guilty of them to be punished by fines and imprisonment. However imperfectly such laws may be obeyed their universal approval is undoubted. In all this we see the principle acknowledged that the people need to be protected against imposture; and not only so, but protected against themselves. This is freely conceded by the press and the legislature in this and every enlightened country. It is not until we enter the domain of medicine that the principle meets with opposition. Let it be hinted that the people need to be protected against charlatans and nostrum vendors, and a loud chorus of opposition arises from thousands who are advocates of restrictive laws as applied to food and drink. They admit the right of the State, within certain bounds, to declare it unlawful to manufacture or sell certain articles of food or drink, but deny the right of the State in any way to circumscribe the liberty of the subject in the matter of medicine. This is not logical; it is not common sense. The reverse would be nearer the correct view, since the people generally are far better judges of the quality of food and drink, and their effects, than they are of medicines. Moreover, the laws regulating food and drink have regard, for the most part, to the physically strong and mentally sound, a class ordinarily capable of protecting themselves, while laws regulating the sale of medicines and nostrums, have regard, for the most part, to those who are physically weak, and incapacitated for correct and impartial judgment, from the effects of disease. If any class in the community need to be protected it is those labouring under the physical and mental debility induced by disease. They are the easy prey of every form of medical imposture which promises relief from their maladies. The ordinary layman readily sees the necessity of punishing the man who practices fraud in the matter of his beef-steak, or his ale, but when it comes to guaranteeing that he shall not be injured by the medicine he takes, he does not so readily see the force of the argument.

Happily in this, as in nearly every other civilized country, the law requires that those who undertake to cure disease shall be educated and skilled in their calling—not but there are those who would readily break down the barriers erected against charaltanism. Even in this country, and in this day of high intelligence, we have in our midst those who are willing, nay anxious, to expose the weak and suffering amongst us to the rapacity of the quack and the nostrum vendor. So far as the law can do it the quack is kept at bay, but the patent medicine vendor has full liberty to ply his calling. That he makes good use of his opportunities no one will deny. The vast amount of capital employed, the enormous sums spent on advertising, and the large stocks everywhere exposed for sale, are sure evidences of a thriving trade. It is appalling to contemplate the evils resulting from this cause. There is first the diversion and misapplication of capital and energy. Some faint idea of the extent of this business may be formed from a consideration of the figures furnished in a memorial to the U. S. Congress, presented by the patent medicine men in 1882. In the U. S. there is an internal revenue tax of from 8 to 10 per cent. on manufacturers' prices. This tax yielded nearly two millions of dollars in 1882. From this we learn that the volume of business done by the manufacturers in that year amounted to about $24,000,000, and if to this be added the profits of the wholesale and retail dealers it will represent double this amount. Frauds on the revenue, and all taken into account, the annual cost of patent medicines to the people of the United States cannot fall much short of $50,000,000. From the same memorial we learn that the patent medicine men paid the press in twenty years, most of it within the last few years, no less than $100,000,000. To show the princely way in which the patent medicine men subsidize the press, secular and religious, and thus give newspaper men an interest in the trade, we may mention that Vogler & Co., the St. Jacob's Oil men, spent in this way, $400,000 in one year. A glance at the columns of any leading newspaper is sufficient evidence of the truth of this statement. It is no secret that the revenue derived by the press from this source is very large, and rapidly increasing. Under such circumstances it would be folly to look to the press for aid in a movement having in view the curtailment of this traffic, or its regulation within certain bounds.

The most unreasoning will not contend that even a tenth part of these millions is obtained for value received. These vast revenues are obtained by misrepresentations and exaggerated statements regarding the efficacy of the nostrums in question. Worse than all, the money is filched from the pockets of the sick and suffering, most of whom are too poor to provide themselves with needful food and clothing, yet are induced to invest in these vile compounds in the vain hope of realizing the promises of cure held forth in the attractive patent medicine literature scattered broadcast throughout the land in the form of almanacs, pamphlets, advertisements, and entertaining articles on other topics spiced with particular nostrums which now adorn the pages of every newspaper. This traffic not only robs the poor and the sick but destroys life as well. A rich syndicate—for this is the modern way of "booming" a nostrum—obtains possession of the columns of every influential newspaper on the continent. Able writers are employed, and the remedy is dished up to us whether we have ordered it or not, in the shape of reading articles, and every newspaper reader is compelled to swallow the nauseous dose. History records many infamous swindles, such as the Holland Ruses, and the South Sea Bubble, but the patent medicine humbug is the most gigantic and inhuman the world ever witnessed.

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THE ONTARIO MEDICAL ASSOCIATION.

The fourth annual meeting of the Ontario Medical Association, which took place in Hamilton on the 4th and 5th ult., under the presidency of Dr. Clarke, of Toronto, was a most successful gathe ing. Although a comparatively young associatio it gives evidence of great vigor and a long career usefulness. The papers read were numerous, varie and of more than ordinary merit. The discussion which followed were in most cases interesting an instructive. But in view of the increasing numb of valuable papers presented from year to year, w think it would be advisable to extend the time the meeting to three days instead of two, as th time is rather short to do justice to all. Som important papers and reports are left over ever year from want of time to read and discuss them This is not only most undesirable in itself, but als most discouraging to those who spend much tim and labor in the preparation of papers and report With regard to the next place of meeting, althoug in principle opposed to the peripatetic system, w are pleased that London has been the place ch sen for next year's meeting, and sincerely hope tha our confrères in the "Banner city of the West" an surrounding country will bestir themselves so as t make the meeting a great success, far outstrippin any of the previous ones. In future, however, w hope to see Toronto become the fixed place meeting. It is confidently expected that the Med ical Council will have the new College building erected by that time, or at all events very shortly and as it is the intention to establish a patholog cal museum in connection therewith, this will b the most suitable place for the meetings of th Association.

The papers read at the meeting will be publishe from month to month in the Toronto medical jou nals and will no doubt be read with interest by th profession generally. An important change ha been made in regard to the work of the committee on medicine, surgery, etc. In accordance with resolution passed at the last meeting, the chairma of each committee will read a paper and open th discussion on some previously selected subject, in stead of presenting, as formerly, a comprehensiv report which was almost invariably taken as read owing to its inordinate length. This is an improve ment in the right direction and one which, if pro perly understood and acted upon, will give zest t the work. Dr. Addison Worthington, of Clinton was chosen president, and the next meeting, a above stated, will be held in London on the firs Wednesday and Thursday in June, 1885.

The following committees have been struck by the President. In our next issue we will be able to give the subjects selected in Medicine, Surgery and Obstetrics, and also the names of those who will lead the discussions in each, in accordance with the plan determined upon at the last meeting.

Standing Committees. — To be added to the Committee on Credentials—Drs. Caw, Parkhill; and Griffin, Brantford. Nominations—Drs. Aylesworth, Collingwood; Richardson, Toronto; Ridley, Hamilton; and Harrison, Selkirk. Public Health, etc. — Drs. Ryal and Shaw, Hamilton; McKinnon, Guelph; and Fraser, Sarnia. Legislation—Drs. Leslie and Hillyer, Hamilton; Hunt, Clarksburg; and McMahon, Dundas. Publication—Dr. Fulton, Toronto. By-laws—Drs. Potts, Cobourg; Battersby, Port Dover; and Thrall, Woodstock. Medical Ethics—Drs. Biggar, Hamilton; Howitt, Guelph; and O'Reilly, Toronto.

Temporary Committees.—Surgery—Drs. Powell, Edgar (Chairman); Malloch, Hamilton; McFarlane, Toronto; Groves, Fergus; Bray, Chatham. Medicine—Drs. Tye, Chatham (Chairman); Mullin, Hamilton; Graham, Toronto; Carney, Windsor; C. K. Clarke, Kingston; Phillip, Brantford. Obstetrics—Drs. Temple, Toronto (Chairman); Holmes, Chatham; Harris, Brantford; Rosebrugh, Hamilton; A. A. Macdonald, Toronto; Gunn, Brucefield. Ophthalmology and Otology — Drs. Ryerson (Chairman), Reeve, Burnham, Rosebrugh and Palmer, of Toronto. Necrology—Drs. Kitchen, St. George (Chairman); Hillary, Aurora; Aikman, Collingwood. Audit—Drs. McKay, Woodstock (Chairman); Miller, Hamilton. Papers and Business—Drs. Hutchinson, Brussels (Chairman); McLean, Goderich; Anderson, Winchester Springs; Baines, Geo. Wright and Nevitt, of Toronto. Arrangements—Drs. Arnott, London (Chairman); Wishart, Edwards and Moorehouse, London; Fairchild, Burford; Tisdale, Lynedock and Porter, Walkerton.

Among the exhibitors, the firm of Reid & Carnrick, of New York, was ably represented by Mr. Gisborne, of Toronto, with a full supply of their valuable pharmaceutical preparations, maltine, lactopeptine, etc. Mr. Stevens, of Toronto, exhibited a great variety of surgical instruments and appliances, and also the use of the electric light as applied to laryngoscopy. The latter instrument attracted considerable attention.

THE ONTARIO MEDICAL COUNCIL.

The annual meeting of the Ontario Medical Council was held in Toronto on the 10th of June and following days, under the presidency of Dr. Day, of Trenton. This was the last meeting of the present Council prior to the elections, which will take place in May, 1885. The proceedings of the Council were transacted very quietly and in a most business-like manner, the great bulk of the work being done in committees. Some very important recommendations were made by the Committee on Legislation, with reference to certain amendments to the Medical Act. Among these may be mentioned the insertion of a clause giving the Council power and authority to discipline the members of the College who may be found guilty of unprofessional conduct. This power seems to be greatly needed, in view of the fact that certain members of the College have so far forgotten what is due to their honorable calling as to hire themselves to peripatetic quacks and imposters to do professional work in this Province from which the latter were debarred by the Act. Another proposed amendment provides that the annual membership fee be raised to $5, which may be commuted by a life payment of $20, or in case of those who have paid their annual dues regularly, $20—less the amount previously paid. This will be considered a great relief, as most members will no doubt prefer to pay the commutation rate, rather than have the worry of sending a small remittance every year. The clause which proposes to give the Council power to appoint a medical practitioner in each electoral division, to tax all medical bills in dispute, with powers similar to the taxing master in Chancery, is a move in the right direction and will, if made law, be the means of preventing many vexatious lawsuits. Last, but not least, is a clause which provides that schools and colleges without a teaching faculty shall not be admitted to representation in the Council. It has been universally felt that the college and school men in the Council were out of all proportion to the Territorial representatives, and as a means of getting over the difficulty, it was at one time proposed to double the number of Territorial representatives; but this was objected to on the ground that such a measure would largely increase the expenditure. If, however, by this enactment a number of the college men are swept away, the representatives will be more evenly balanced.

A few unimportant changes have been made in the curriculum, which will come into force after June, 1885. One of these has reference to graduates in arts, who were formerly allowed one year's time in the medical course. This regulation was originally intended to give encouragement to young men to take an arts course prior to entering the study of medicine, and was in our opinion a very wise provision. We would therefore regret very much to see the above-named change carried into effect.

JAMES JOHN DICKINSON, M.D.

The subject of the following sketch, whose death occurred on the 10th of May, was born in Cornwall, Ont., in the year 1819. He was the son of Noah Dickinson, M.D., who was a pioneer and a member of an old family of U. E. Loyalists. He received his early education in the famous Grammar school of the town. On arriving at his majority he joined the active militia, in which he served seven years, rising to the rank of ensign. He was present at the battle of Windmill Point and other engagements. In 1842 he began the study of medicine in McGill University, where he graduated in 1846. He at once volunteered to go to Grosse Isle in attendance upon the *ship fever* patients. In the autumn of 1847 he returned to Cornwall, commenced practice, and in 1850 married the daughter of the late Rev. Dr. Mountain, rector of Trinity church.

Dr. Dickinson never lost sight of his attachment to the military service, to which the years of youth were devoted. He organized and for years commanded a troop of yeoman cavalry, of which he was Major, entitling him to the rank of Lieut.-Col. in the militia. He was for two years Reeve of Cornwall, was always a staunch Conservative and a respected brother of the Masonic Order, his remains being interred with the honors of the craft. Dr. Dickinson remained in the active practice of his profession up to the close of 1879, at which time he handed over many of his responsibilities to his partner, C. J. Hamilton, M.D., of Goderich, who subsequently became his son-in-law and who has now succeeded to his extensive practice. Like all men of fearless temperament, Dr. Dickinson acquired many pronounced enemies, as he di hosts of admiring friends. He was a leader in hi profession and an ornament to it, and his death i deeply regretted by all who knew him, professionally or socially.

ROBERT STEPHEN, M.D.

We very much regret to announce the death o Dr. Robert Stephen, of Digby, N.S., on the 20th of April, at the age of 76 years. Dr. Stephen wa born in Elgin, Scotland, and emigrated to Canad in 1835. He attended lectures in the Royal College of Surgeons, Dublin, and was soon after appointed surgeon to one of Sir Alexander Bannerman's ships during a voyage of two years to th Arctic Ocean. On his return he practised a shor time in Elgin, prior to his emigration to this country. At the solicitation of a number of the inhabitants, through the late James H. FitzRandolph he settled in Digby, where he continued to practise his profession up to the time of his death He was a member of the Nova Scotia Medica Society and coroner of the county of Digby for the past thirty years. During the long course of his professional life he had outlived all his early contemporaries, and had acquired a host of friends who well appreciated the native kindness which underlaid his apparently brusque demeanor. Firm and decided in his opinions and views, he fearlessly maintained what he considered was the right, with all the energy of his character. Deceased was the father of R. W. Stephen, Esq., of the Senate Staff, Ottawa.

SODIUM SALICYLATE IN UTERINE AFFECTIONS.—M. Balette, in an article on this subject in *Bull. Gen. de Thérap.*, states that this remedy in ordinary doses allays the pains of dysmenorrhœa, probably by its sedative action on the central nervous system. It also promotes the menstrual flow, and in some cases provokes its re-appearance. In four instances, in large doses, it was followed by abortion, but moderate doses seem to have no tendency to act as an abortifacient. No oxytocic effect was ever observed in experiments on animals. Nevertheless, the caution is added that it should never be given during gestation, except on very precise dications, and that then its action should be atched carefully.

CURABILITY OF LOCOMOTOR ATAXY.—In a recent number of *La France Médicale*, Prof. Eulenurg states that of 300 cases, he has known only ree cures, but thinks the percentage might be creased by more assiduous treatment. He rerds nitrate of silver as the remedy *par excellence*, ut thinks it is inert when given in pill, and recomends subcutaneous injection in the form of the yposulphite or albuminate. He uses the follow-g.

℞—Chloride of silver,	grs. iss.
Hyposulphite of sodium,	grs. ix.
Distilled water,	ʒ v.

ive to fifteen minims are to be injected daily in e dorsal region. Cold compresses are recomended to relieve the pains, and the use of the ntinuous current is also advised.

CROTON-CHLORAL IN WHOOPING-COUGH. — Dr. Moore, of Brockville, Ont., has been using this emedy for the past eight years in the treatment of hooping-cough, with the most gratifying results. n ninety-five per cent. of the cases in which he as used it, the disease was cured in from six to welve days. He found it act equally well, no natter what the age was. It must be given in full oses, properly dissolved, and every three hours. His method of prescribing it is as follows. For a hild from eight to ten years of age :

℞—Croton-chloral hyd.,	℈ iiss.
Aqua bullientis ad.,	℥ viij.—M.

Sig.—℥ ss. every three hours, night and day.

The above dose, of course, should be increased r lessened, according to the strength and age of e patient. He says croton-chloral has proved as ure a specific in his hands, in whooping-cough, as quinine has in intermittents.

GONORRHŒAL RHEUMATISM.—Struppi (*Central-latt fur Chirurg*) has investigated eight cases of gonorrhœal rheumatism. He finds that it only occurs as a complication when the primary disease as passed the compressor urethræ and involves e prostatic portion of the urethra. The indicaions of treatment are to prevent the extension of he disease to the prostatic portion of the urethra. The author also recommends rest in bed, cold appliations, low diet, and the administration two or three times a day of five or six grammes of salicylate of soda, and friction of the joint, after pain has disappeared, with glycerin solutions of iodine and iodide of potassium.

MOVABLE KNEE-JOINT AFTER EXCISION. — In the London *Lancet* for May 17th will be found the report of a case of excision of the knee-joint by Dr. Boutflower of the Salford Royal Hospital, in which the joint motion was complete, notwithstanding the fact that a considerable section of bone had been removed from the femur and tibia, as well as the entire removal of the patella. The patient was 7 years of age, thin, anæmic and of a strumous habit. The limb was put up on a Watson's splint under Listerian precautions, and retained until the 21st day, when a plaster-of-Paris bandage was applied. The wound was entirely healed on the 14th day.

CASES OF MALPRACTICE.—The editor of the *Pacific Med. Journal*, in an article on the above subject, says : "We regard it as one of the first duties of physicians to each other, to defend one another as far as possible against charges of malpractice, which, even if more or less true, are likely to involve errors of judgment only ; to conceal the errors of others as they would their own ; to keep in strict privacy all personal difficulties ; and in most instances to avoid the exposure of dissenting opinions on professional questions relating to patients." We fully endorse the sentiments herein expressed by our worthy confrere of the Pacific.

TREATMENT OF HÆMOPTYSIS.—Dr. Taylor, of the North London Hospital, for consumption discusses the treatment of hæmoptysis in the *Lancet* of June 14th. He prefers warm applications to the chest, instead of ice, as usually practiced. He applies hot flannels (120° F.) over the angles of the ribs from summit to base, *i. e.* over the sympathetic ganglia. Internally he regards opium or morphine hypodermically as the most useful drug. If opium is contraindicated he then prefers oil of turpentine and fluid extract of ergot, the former by the mouth and the latter by the mouth or hypodermically.

SMALL-POX EPIDEMIC IN LONDON.—Our British exchanges state that the small-pox epidemic in London is assuming large proportions, and the admissions into the hospitals, for the reception of infectious cases, are increasing in number. In the East-end the spread of the disease has necessitated the adoption of special precautionary measures, and Dr. O'Connor, the medical superintendent of St. George-in-the-East Infirmary, has suspended the usual visiting privilege to patients' friends during the small-pox epidemic.

THE BRITISH MEDICAL BILL.—The London *Lancet* of June 14th states that the Government are determined to press the Medical Bill. It has twice passed the House of Lords and is expected to be up for a second reading in the House of Commons in a few weeks. Nothing but the most serious political complications can justify any further delay. The profession is anxious to have the bill become law at an early date and there is every prospect of its being carried through before the adjournment.

A JUST VINDICATION.—Dr. D. McLean, of Detroit, Prof. of Surgery Ann Arbor Medical College, has been elected President of the Michigan State Medical Association. This is a most gratifying triumph for that gentleman, not only as showing the confidence and esteem of his confrères, but also as a vindication of the verdict of the jury in the outrageous libel upon his character made by the Detroit *News* a short time ago. We congratulate the Dr. on the result.

IODINE PREPARATIONS AND QUININE. — Rabuteau, in a communication to the Societè de Biologie, (*Deut. Med. Zeitung*) calls attention to the occurrence of disagreeable symptoms in the digestive organs and nervous system from the combined administration of iodide of potassium and sulphate of quinine. He insists that twenty-four hours should elapse between the administration of an iodide and the quinine. He also warns against the use of quinine during the menstrual period, as it sometimes gives rise to severe symptoms.

PERSONAL.—We have much pleasure in learning that T. S. Covernton, M.D., son of Prof. C. W. Covernton, M.D., of Trinity Medical School, has obtained the License of the College of Physicians and Surgeons of Edinburgh, after a stringent examination,—a fact which we may readily believe, since the proportion of the "plucked" has reached 50 per cent. of the candidates. This should serve as an adequate refutation of the puerile insinuations against the Scottish Universities, made by certain magniloquents in this Province.

APPOINTMENTS.—Dr. G. A. Bingham has been appointed Assistant Demonstrator of Anatomy in Trinity Medical College, Toronto. Dr. W. Henderson has been appointed Demonstrator of Anatomy in the Kingston Medical College. Dr. W. J. Young has been appointed Assistant Surgeon Huron Battalion of Infantry, *vice* Dr. Gouinlock, resigned. Dr. J. W. McLaughlin has been appointed Assistant Surgeon West Durham Battalion of Infantry, *vice* Dr. Bryson. Dr. Harris has been appointed Medical Health Officer for the City of Brantford.

LACTOPEPTINE.—This well-known remedy is constantly gaining in favour with the profession in the treatment of bowel complaints in children, especially in cholera infantum. Our own experience in its use in the latter affection, leads us to bring it again under the notice of the profession at this season of the year. It may be combined with bismuth, calomel, ipecac, or any other agent that may be indicated. It aids digestion, controls the action of the bowels, modifies the secretions promptly, and produces no disagreeable after effects.

A NEW TRUSS.—We have been shown a new truss recently introduced by Messrs. Toms & Co., of this city. It is what is called a belt truss, which may be adapted to any form of hernia. The pad is fitted with a V shaped spring, which it is claimed secures upward and inward pressure, varied by adjustable springs. Surgeons who have tested the truss in their practice, state that the results have been highly gratifying and satisfactory.

CEREVISIÆ IN OBSTRUCTION OF THE BOWELS.—A correspondent writes to say that a case of obstruction of the bowels lasting twelve days, in a child four years of age, was ultimately relieved by the use of *cerevisiæ fermentum* (beer yeast). Whether this was a case of *post hoc* or *propter hoc* it is of course impossible to say, but the issue was no doubt satisfactory.

CIDER AND STONE IN THE BLADDER.—The Paris correspondent of the *London Lancet* states it according to Dr. Dumont, stone of the blad- r is almost unknown in Normandy. This he at- butes to the use of cider in place of wine and er. Cidèr, he maintains, is therefore an excel- it remedy for gravel ; also for obesity and certain rms of gastritis.

Organisms and disease.—The *British Medi- l Journal* says that it is very easy to find organ- ns in any disease if the proper methods of pre- ration be observed, but is very much more diffi- lt, and far more important, to establish that ere is any connection between the organism and e disease.

British Diplomas.—Dr. H. H. Graham (Trin.) s been admitted to the M.R.C.S. Eng., and Dr. H. Sawers (Trin.) to the L.R.C.P. Lond. Dr. . G. Inksetter (McGill) has obtained the double alification, L.R.C.P. & S. Edin.

The Prevention of Bed-Sores.—A solution gutta-percha in chloroform (four to thirty) is seful to protect the skin over projecting bones d to prevent bed-sores in wasting diseases.

Triplets.—Dr. J. Sutherland, of Bedeque, P. .I., reports a case of triplets. The children eighed 6, 6½ and 7¼ lbs. respectively. Mother nd children all doing well.

Books and Pamphlets.

linical Lectures on Mental Diseases. By T. S. Clouston, M.D., Edin., F.R.C.P , E., Physician Superintendent of the Royal Edinburgh Asylum for the Insane, etc. Philadelphia: H. C. Lea's, Son & Co. Toronto: Williamson & Co.

This is decidedly the most practically useful ook on mental diseases we have ever yet seen, d we are convinced that every attentive reader f its rich and highly instructive pages will dissent m the first line of the author's preface in which, th that modesty which is the usual accompani- ent of genuine merit, he premises that "Another ook on Mental Disease almost needs an apo- y." It is indeed too true that a few, perhaps o many, books devoted to this subject have eeded an apology, not only in the preface, but also at the close. Dr. Clouston's book was much needed, therefore it stands in no need of "an apology." It was needed by the entire body of the medical profession, and to students of medicine it will prove a real treasure. It is not a mere didactic treatise, dealing in puzzling abstractions, and interlarded with profitless speculations. It "holds the mirror up to nature," and shows insanity in its multitudinous and marvellous images, with a fidelity of depiction which cannot fail to command the commendation of every reader who has had large opportunity of observing the mental and physical phenomena of the disease. It may, in truth be styled an assemblage of pen-photographs, every one of which is true to life, without the failure of a single lineament, or the distortion of a single feature ; nothing deserving of notice has been omitted in the description of cases, and nothing of surplusage has been daubed over them, and the book has one merit, which indeed we had every reason to expect ; it is that of perfect and honourable candour. Dr. Clouston has not been afraid to impart valuable instruction by instancing his own mistakes or failures. This is a virtue much to be commended, for it is far too much desiderated, both in medical teachers and medical writers. A sea-coast studded with wrecks, may be safer to the navigator than a strange and smiling sea with hidden reefs. The young practitioner who loses his first patient receives, perhaps, the best lesson he has ever had, whilst he whose success has been due to the resisting vitality of his patient, which has triumphed over the combined force of the disease and its erroneous treatment, has made a very perilous start. Of the printing of this book, no eulogy could be too high. We wish we could say the like of its illustrated plates. The student must not imagine that they are fair average representations of the morbid anatomy of the brains of the insane. They are no doubt faithful representations of special extraordinary cases, the colouring of which has, perhaps, been rather over-done by an over-zealous artist.

Brain Exhaustion. By J. Leonard Cornell, M.D. New York: D. Appleton & Co. Toronto: Hart & Co.

This is a short octavo of 28 chapters. It might have been made a more generally useful book had the writer more largely eschewed medical terminology. It contains much matter that might be more useful to the reading public than will be found instructive to medical scientists. The author's strictures on the cram system of education, which is devastating so many brains and bodies in the United States, and not a few in Canada, should be well pondered over by all parents of precocious and ambitious children, and by all teachers who are in danger of falling into the evil habit of top-knot cultivation. The infant philospher is destined, too often, to shine as the adult fool; and many a boy who has been scoffed at by his fellows and derided or frowned on by his stilt-walking teacher, has come to the front in life's battles, and carried off the laurels which have evaded the grasp of those who far distanced him in early years. Should another edition of Dr. Cornell's book be called for, he will do well to prune it of medical technicalities, and extend its more useful parts, even at the expense of omitting some that may not be unprofitably dispensed with.

Deutch's Medical German. New York: J. H. Vail & Co. Toronto: Williamson & Co.

This will prove a useful little book, small enough to be carried in a young man's coat pocket. It is "a manual" intended for the use of those physicians who have to practise among Germans, and are not familiar with their language. It gives in German, and, many thanks to the author and his publishers, not in the abominable Gothic type, but in very clear Roman. 1st. Terms relating to the various organs and parts of the human body. 2nd. The names of diseases and their symptoms. 3rd. Conversations such as pass between physicians and their patients, in examination of their condition, and in stating the proper treatment. To those students who desire to visit the medical schools and hospitals of Germany, it seems to us it would be a most useful pocket companion.

Pathology, Diagnosis and Treatment of Diseases of the Rectum and Anus, by Chas. B. Kelsey, M.D., New York, with two chromo-lithographs and nearly one hundred illustrations. New York: William Wood & Co.

We have perused the above work with much pleasure and profit. The work has for its basis the volume on the same subject contributed by the author to Wood's Library of standard medical authors for 1883, but contains many important changes and additions. Each branch of the subject under discussion has been brought fully up t date, and we regard the work as one of the best its kind. It embodies all the recent advances i pathology, as well as the best and most improve methods of treatment.

On the Pathology and Treatment of Gonorrhœa. By J. L. Milton, Senior Surgeon t St. John's Hospital for Diseases of the Skir London. Fifth edition. New York: Williar Wood & Co.

This is the February number of Wood's "L brary of Standard Medical Authors," and contain what the author has written in various periodical upon the subject. It is a very complete treatis upon this disease, and although all the writer' opinions cannot be endorsed, the book will b read with profit.

Practical Manual of Obstetrics, by Dr. E Verrier. Fourth edition, with the four "Obstetric Tables" of Prof. Pajot. Revised b Ed. L. Partridge, M.D. New York: Willian Wood & Co.

Diagnosis and Treatment of Diseases of th Heart, by Constantin Paul. Translated fron the French. New York: William Wood & Co

These are the March and April numbers o Wood's Library respectively. The former will b found a most excellent resumé of Obstetrics. Th authors are men eminent in their specialty, an the work has a well-deserved reputation in France having already in a very short time reached fourth edition. As a text-book it occupies a position intermediate to the Students' Manual an the elaborate treatise. The latter is replete wit useful information on the subject treated upon and will be found a useful addition to the physicians' library.

Births, Marriages and Deaths.

On the 25th ult., Dr. W. J. Douglas, of Castleton, to Mattie M., eldest daughter of Robt. Macklam, Esq., of Brighton, Ont.

At Digby, N.S., on the 20th of April, R. Stephen, M.D., aged 76 years.

It Quebec, on the 10th ult., Dr. J. E. Landry aged 70 years.

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Original Communications.

APHASIA.*

BY J. WORKMAN, M.D., TORONTO.

It will be remembered that I last year read a paper on aphasia, which I had hoped would elicit some useful discussion, for the affection is certainly one of much interest, not only to the attentive student of psychology and the pathological anatomist, but indeed to the general practitioner of medicine; nor is its occurrence perhaps so rare as to warrant the conclusion that it may with propriety, or professional advantage, be relegated to the domain of the profitless unknown. There are, in my belief, very few medical practitioners of prolonged observance and discreet attention, who have not, in the course of years, met with cases of speech disorder, which must have led them to desire the attainment of a more intimate acquaintance with the literature of cerebral physiology and pathology, than they had previously regarded as deserving of serious consideration, or, I might perhaps, with more justice say, as adequate compensation for the expenditure of those fragments of time which the exigencies of professional duties leave at their disposal, and which they find less than sufficient for the further study of subjects of every day imperative importance. I confess, however, that when, last year, I found, that after finishing my reading, not a single member present moved a lip, either in corroboration or in disapproval of the contents of my paper, I was quite undecided as to whether I should feel more mortified, or disappointed. If the association was merciful y condoning my intrusion, by the charity of its silence, it was most consistent with sound discretion, to reciprocate the charity. When our friends may be so forbearing and generous as to abstain from adverting to our failures or foibles, it would be a sorry return for their tender kindness, to attribute their reticence either to lack of discernment or want of social frankness. I did, however, reach the conclusion, that my paper, either from its own demerits, or from the unsuitability of its subject, had failed to interest the audience, to the extent which I had hoped for, and I resolved to consign it to the limbo of the untimely. I therefore declined to accede to the request of a polite medical journalist who wished to present it in his columns, and when another gentleman whose professional ability is exceeded only by his urbanity, expressed his desire to have a reading of it, I had to reply that it was no longer among the findables. Both of these gentlemen assured me that I had judged erroneously of the silent verdict of my confrères, and as I had every reason to confide in their veracity and candour, I felt relieved from the obligation of my unspoken, though strongly purposed vow, never again to trespass on the patience, or the valuable time, of this association, with any matter or paper which I might fear would prove uninteresting or distasteful.

Having premised so much in honest explanation of my past fears and misapprehensions, I shall now, with as much brevity as the nature of my subject will permit, submit to your consideration the following observations:

The term aphasia, or absence of the faculty of speech, is of much wider range of application than may, at first view, by those who have not devoted much time to this branch of medical literature, be supposed. It has been only of recent years that physiologists, pathologists, and clinicists have devoted themselves to its earnest study, in connection with special cerebral conditions. It is true that many years ago Gall ventured to advance certain conceptions as to the relation between human language and particular parts of the brain, but unfortunately for the prestige of his theory, it was associated with a host of overlapping phrenological conjectures which proved repellent to scrutinous sober investigation. But long before the age of Gall the relation between the faculty of language and certain conditions of brain, had been observed, not only by physicians, but also by historians and naturalists. Hippocrates, Thucydides and Pliny have recorded instances of deprivation of speech, consequent on injuries to the brain.

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*Read before the Ontario Medical Association, at Hamilton, 4th June, 1884.

Pliny tells us of a man who—"*ictus lapide oblitus est literas*"—and of another, an orator, named "Messala Corvinus, who, under disease, lost the memory, not only of the names of his servants, but even of his own name." Morgagni, in Italy, 150 years ago, described various cases of aphasia, in his celebrated "*epistles*," with such admirable precision, that one might almost imagine that later investigators had found in them the germs or indeed the outsprung stems of modern discoveries. Unfortunately, however, for the fame of the pioneers in discovery, it has happened in medical science, usually, and in medical literature almost universally, that the race and the rage are ever for the new, and olden treasures, not only are doomed to forgetfulness, but are actually ignored by the panting aspirants for authorial glory. Who, in the present day, ever meets with a student, nay indeed with very many teachers, who hold in high esteem the works of Sydenham, Cheselden, Cullen, Abernethy, Cooper, or even the Hunters or Charles Bell? Bah! these were all merely purblind moles, groping and rooting in the dark. Their optics could not have borne the brilliance of our electric lamps; their snail-pacing thoughts would never have reached parturience under the bare anticipation of our age of steam and lightning speed, of telegraphs and telephones, dynamographs and sphygmographs, of Listerism, and Pasteurism, and Kochism, of evolution and involution and devolution, and the survival of the fittest, which means the utter extirpation of all memory of the old fogies and their glimmering rushlights. Well, since the fates seem so to have decreed, be it so; peace to the ashes of the departed. They are gone, and to be forgotten is the lot of humanity. Let us not waste our tears over their useless bones, but rather speak of their working successors.

It is now a little over thirty years since Broca, after long and patient clinical observation, announced the fact that aphasia stands in direct connection with lesion or diseased condition of the inferior or third convolution of the frontal lobe of the cerebrum, and by far preferentially with that of the left side. I confess that when I first became acquainted with this teaching, I received it with something, not exactly of contempt, but savouring rather much of that semi-derision with which complacent ignorance is wont to regard unlooked for new announcements, which fail to square with petrified preconceptions. I had read Gall an
Spurzheim, and some other minute brain ge
graphers, until I had fallen into utter skepticis
on the entire subject of brain regions and bound
ries, and I could only regard the great capital orga
as a supreme solidarity, or aggregation, not of i
dependent principalities or states, each possessin
functions or legislative powers of its own, but a
as acting in consentaneous harmony, and all a
some how or other, sharing in, or sympathisin
with, the acts of each part. It takes time to dra
any of us, but especially those of the fogy clas
out of our old deep-cut ruts. Indeed I sometim
almost doubt whether I can ever get complete
out of mine; but when, from year to year, and da
to day, I learn more and more of the facts broug
to light by clinical and autopsical observance, an
when I see that the doctrine of Broca now ran
in its adherents almost the entire body of emine
observers of the present day, it seems to me t
longer holding out is almost as hopeless, if not
senseless, as striving to stem the tide with a pitc
fork. I can see indeed no way of getting ba
into my old cozy quarters, but that of unreadi
all I have read on my lingering way out, or, whi
is just equivalent, and far less impracticable to o
of my years, that of forgetting it all; and as o
early impressions always survive those of lat
birth, my case, in this regard at least, may not
quite hopeless.

The aphasia which paramountly, if not excl
sively, engaged Broca's attention, was but one for
of the affection, but it was that which is by far t
most usual. It consisted in the inability to artic
late words. It was therefore a failure in the m
cles of articulation to obey the behests of the w
the simplest and best designation of which
motor-aphasia. With this form, in various degr
of evolution, you, Mr. President, must be, as
myself long was, far too familiar. In that hop
less mental disease, properly best known und
the designation of general paresis, motor-aphas
is often an early and a surely progressive sympto
In corroboration of Broca's doctrine I cannot he
do better than to quote the following passag
from the recently published lectures of Dr. Clo
ton, of the Royal Insane Asylum at Edinburg
whose recently published lectures on mental d
eases, constitute the most valuable work on t
subject I have ever had the pleasure of readin

Page 272—Lect. 10.—"I have many times seen general paralytics aphasic after congestive attacks. In such cases, and in all cases where the speech was specially affected during the disease, I have always found after death that the third frontal convolution of the left side, and that region of the brain, had the pia mater especially adherent to the cortex."

Page 277—Lect. 10.—"I had once a patient, a young woman, (G. N.) under thirty, who, having heart disease, became hemiplegic on her right side, and aphasic after the birth of a child. Immediately after these there came on great mental depression, with suicidal tendencies, for which she had to be sent to an asylum. The hemiplegia passed away, but the aphasia remained all her life; and when the mental depression passed off, in a few months she gradually became exalted, and remained so for some months. Then she again became depressed, and was mentally a typical case of alternating insanity (*folie circulaire*) for the seven years she lived after this. She at last died of heart disease, and I found Broca's convolution almost destroyed by an old embolism, but the rest of the brain with only the traces of repeated excitations and congestions."

Page 279—Lect. 10.—"I need hardly say that if the lesion affects the posterior portion of the third frontal convolution of the left side, or the island of Reil on that side, or the fibres of communication inwards from those parts, or certain portions of the extra-ventricular nucleus of the *corpus striatum* of that side—in such cases we will have the aphasic speech symptoms. It is a disputed question whether complete aphasia can co-exist with perfect integrity of the mental faculties. If the lesion be strictly limited to the speech centre, which it very rarely is, the loss of mental power may be slight, but whether we can have mental completeness, according to the previous standard of perfect health of the individual, is another matter. I do not believe we can have such completeness if we could apply proper tests. I have never seen a case where it existed."

The name of Dr. Clouston is, in my estimation at least, a guarantee for the safety and soundness of any opinion bearing his approval. He has made insanity and its concurrent bodily ailments the supreme study of his life, and he had the great advantage of serving for several years under the distinguished Dr. Skae, a gentleman who himself enriched the specialty with some valuable contributions. Dr. Clouston has not jumped in the dark to his conclusions. He studies the morbid anatomy of the insane in the great book of nature, on the *post-mortem* table, and he never misses holding an autopsy unless when the friends of the deceased patients refuse him the privilege. I cannot close this allusion to his work without recommending it in the highest terms to every member of the medical profession, for it will certainly be read with both profit and pleasure by every thoughtful practitioner or student.

You will have observed that Dr. C. expresses his doubts as to the existence of well-marked aphasia in the presence of conserved mental power. It is certain that as regards the class of patients with whose mental condition he was most intimately acquainted, that is to say, persons of unquestioned insanity of mind—Dr. C's statement must be correct. But all aphasics are not sent into lunatic asylums, and it has been discovered in some countries, in which medical examination may not have been so exact as it is in Scotland, that aphasic persons have been deemed to be insane who were found not to be so.

There is a very interesting, and indeed a very puzzling form of aphasia, to which Kussmaul has given the name of *verbal deafness*—or deafness to words—a rather misleading designation, inasmuch as no deafness is present. The patients hear quite well, but the words spoken to them fail to convey their proper meaning, or indeed any meaning whatever, unless they are conjoined with gestures which of themselves may indicate the meaning of the speaker or interrogator; and then, to prove that the patients are not unable to understand what is thus communicated, they perform the acts required of them—such as putting out the tongue, and so forth.

Dr. Seppilli, of Imola, and Dr. Brugia, of Ferrara, Italy, have given in the last issue of the *Rivista Sperimentale*, and of the *Archivio Italiano*, respectively, two long and very instructive articles on this form of aphasia, from which I might advantageously quote largely, were it not that it would be unjust to these writers to make abstracts which would be imperfectly appreciated when detached from the contexts—I must therefore in fairness to them, and in compassion towards you, limit my citations to a few summarized facts.

Dr. Seppilli has exhibited, in copious tabular forms, the details of twenty cases gathered by him from the medical histories of twenty persons who came under the observance of various physicians, nineteen of which have been continental and one English. It might almost go without saying that the majority of these have been German—no less than thirteen of the whole number. This fact may serve as a sufficient assurance of the minuteness, if not also of the accuracy of the records. In the separate vertical columns Dr. S. has given the ages and sex of the patients, the aphasic symptoms, the degree of intelligence, the state of sensibility and motibility, and last, the autopsic findings. In seven of the patients the state of intellect was more or less weakened; in the remaining thirteen it was not affected. The hearing was perfect in 18; in the remaining two its condition is not stated. Dr. Seppilli has given the pathological state of the brain in 15 of the 20 cases, in which *post-mortems* were obtained, and he has added to these two cases of his own, of which he has given very ample details, thus making 17 well-observed cases. The autopsic results are thus summarized by Dr. Seppilli:

In all the 17 cases the first temporal convolution on the left side was found diseased.

In one of the 17 the second temporal convolution was diseased, and in two others in company with that of the right side. The third temporal convolution was diseased in only one of the two above named, and then on both sides. The island of Reil was diseased on the left side in 5; third left frontal in 4; the second left frontal in 2; the first left frontal in 2; the ascending left frontal in 3; the inferior pariatal lobule on the left in 5, and on the right in 1; the angular gyri in two on the left and one on the right; the occipital convolutions in two on the left, and on both sides in one of these. *The right temporal lobe was not found isolately diseased in a single case.*

It is to be noted that the third left frontal, or Broca's convolution, was found diseased in only four cases, and the island of Reil, which later writers have associated with the foot of the third frontal, as the governing centre of speech articulation, was diseased in five cases on the left.

This preponderance of diseased condition on the left side of the brain seems, in this form of aphasia, to show an interesting parallelism with the diseased condition found on the same side in motor aphasia, but at the same time a very notable difference as to convolutional localization. It is seen that while motor aphasia has its morbid seat in the third frontal convolution and the island of Reil, the aphasia called verbal deafness has its seat preferentially, in the first or uppermost temporal convolution on the left, and the diseased condition of the second temporal does not occur isolately, but always by extension from the first, and then only limitedly, in contiguity with the first. The part diseased is invariably the convolutional cortex, with occasional dipping into the white medullary matter beneath it. The meninges are found tenaciously adherent to the cortex, from which they do not separate without dragging off some of its softened and disintegrated constituents.

When Broca condensed his cerebro-lingual creed into the quaint expression, "brain left-handedness," many cynical critics were tempted to regard *his* brain as entitled to the first rank in the class of strabysmal thinkers, but many who then scoffed have since learned to admire the aptitude of his laconic expression. The discoveries of Sir Charles Bell taught us that the voluntary muscles of the right side are under the government of the left side of the brain, and *vice versa* those of the left side under the government of the right side of the brain. Bell did not venture to assign the motorial sovereignty to any special parts of the brain, but modern physiological experimenters have amply filled up the lacuna. Hundreds of zealous cerebral explorers, whose findings are often opportunely confirmed by able clinicists, have placed the doctrine of cerebral localizations on a basis from which the cavils of fault-finders and flaw-hunters have failed to upset it. If our right hands are pre-eminently, though not indeed exclusively, under the control of the left side of the brain, why should not that other, too often unruly, member, the tongue, and its motor-coadjuvants, be placed under the same dignified authority? But it will be objected that the tongue and its associate speech muscles, are not one sided movers, yet they sometimes are one sided non-movers. It does not however follow because the left side of the brain, or in this relation, to speak more pertinently, Broca's convolution, with, probably, the island of Reil, is the chief seat of speech legislation, and, it may be, of idea-motor inception, that the righ side of the brain should not be a willing co-operator. A good wife governs best when she best aids her husband, but when she refuses to him the prerogative of inceptive action and predominant direction, the peace and prosperity of that house are certainly seriously jeopardized; and have we not all seen how great is the embarrassment in business affairs, of even the cleverest woman, when death has taken away her best counsellor and guide? It is just so with our speech organs when their ruling cerebral centres have been dethroned by disease; and, alas! it is too often, if indeed not always, found, that when the left motor-speech centres have become diseased, their homologues on the right side fail to assume the function of speech direction.

It has, I think, been clearly established, that motor-aphasia has been, in the great majority of cases, associated with some lesion or disease of the left cerebral centres. It is also a well-known fact that the great majority of mankind are right-handed. There surely must, in these coincidences, be something other than mere accident. But if right-handedness be, through the intermedience of left brainedness, the normal associate of speech articulation, and if both stand in directive relation with the same side of the brain, so that paralysis of the one is usually associated with the same morbid condition in the other, what should we expect to be the autopsic cerebral findings in the cases of left-handed aphasics? Hitherto but few opportunities for learning the facts in this class of cases have been presented. Westphal has, however, recently detailed a case bearing directly on this question. "It was that of a man of 45 years, who from the year 1879 had been subject to convulsive attacks in his right members, accompanied by loss of consciousness. At a later period paresis of these parts presented, with bilateral papillary stasis and complete blindness. There was no disturbance of his speech nor any sign of motor aphasia, or of verbal deafness. This person was, from his childhood, left-handed He died on the 9th of November, 1883, and at the autopsy there was found a large tumour in the left temporal lobe which was by it completely destroyed." This case is in perfect analogy with the fact of absence of motor aphasia in those left-handed persons in whom the convolution of Broca (the foot of the third frontal) was found destroyed. Westphal's patient, as we have seen, was left-handed, and the lesion of the left temporal lobe ran its course without any symptom of *verbal deafness.*

It is here to be observed that Dr. Seppilli was treating, not of *motor aphasia*, but of that other form which Kussmaul has called verbal deafness or sensorial aphasia; this latter form, Seppilli labours to prove, has its cerebral location paramountly in the first temporal convolution on the left side. The case is of little value as regards the absence of motor aphasia, for we are not informed of any morbid condition of the frontal lobe in Broca's convolution, or in the island of Reil; but if it be the fact that sensorial aphasia, or deafness to words, stands related to the left temporal lobe, then in Westphal's left-handed man the lesion was on the wrong side for production of this speech affection. The brains of left-handed men would therefore seem to be properly called right-handed.

In amnesic aphasia, or that form which consists in the loss of memory of words, and which may or may not be associated with loss of articulating power, a very interesting fact is the progression of the affection as regards the order or sequence in which the parts of speech cease to be remembered. It is usually found that nouns are the first to be forgotten, and next to these verbs. I think the very same fact obtains in aged persons, and here I have the unpleasant advantage of speaking from personal experience. Kussmaul expresses the belief that this progression of failure of recollecting power probably depends on the greater or less degree of intimacy in which the conceptions are connected with their corresponding verbal signs, and as the idea of a person, a thing or an action is conjoined with its designating vocable less intimately than are the abstractions of quality, resemblance, properties, etc., it is clear that when the memory begins to fail, those symbols which are most feebly bound to thought will be the most readily obliterated. It is easy to discover that the mere name contributes but in a very slight degree to enable us to acquire the concepts of personalities or objects; we might almost say that it is an accessory element joined to a sensitive image, which image has within itself whatever suffices for constituting a distinct objectivity; abstract ideas, on the contrary, exist only in so far as they are to us symbolic expressions which give to names their essential character and their stable aspect." If Kussmaul is right here, how senseless must be almost the entire prevailing system of present day cram education, which at the expense of unspeakable torture to the child and endless agony to the teacher, stuffs the poor little victim's brain with mere words, which have no adhesive property that may ensure their remembrance. "Further," says Kussmaul, "when we consider the constituents of language, we cannot fail to observe the enormous numerical disproportion that exists between substantives and verbs on the one side, and the whole of the grammatical elements on the other. It seems quite reasonable that the weakened memory should more readily evoke the recollection of those vocables of which the number is fewer and the use less variable (as articles, pronouns, prepositions, etc.), than that it should not among the multitude, hit upon the symbol appropriate to the designation of a given object or a determinate action."

We are all well aware of the fact that certain persons are possessed of special forms of memory, one for names of places or persons, another for dates, a third for poetical compositions, etc., etc., and these peculiar, or as we might say, automatic faculties, seem by no means to be necessarily conjoined with superior intellectual strength, for we meet with them sometimes in imbeciles, or even the semi-idiotic. Bastian, in explanation of this phenomenon of memory has recourse to the supposition of the possibility of a distinct anatomical seat for the sensitive elaboration of words used for designating persons, places and things. "It is," he says, "rational to suppose that these terms may be in more immediate relation with the *perceptive centres*; whilst the words for the other parts of language would be more intimately associated with the regions in which the *perceptive processes* are mixed up in the more complex and more intellectual operations. Hence, in general, the inaptitude to recall nouns and the errors fallen into in names of persons, places and things, would be troubles accompanying lesions or alterations in the *perceptive centres*; whilst, on the other hand, the extreme forms of amnesia must, most probably, be associated with marked trouble in the *intellective faculties*."

This explanation of Bastian is, of course, no more than a gratuitous hypothesis, but it is not devoid of fascinating plausibility.

A very interesting, though not always, as you, Mr. President, must not seldom have realized, a very pleasant fact, connected with aphasic patients, is that of their sudden and quite unexpected interjectional outbursts, long after their linguistic powers in other directions have seemed to be totally extinct. Falret has very truthfully noted the fact, that "an aphasic, under the influence of fright, anger, rage or any other strong emotion, will let fly an energetic expression, an interjection, an oath, which he articulates with great exactitude, and even a whole string of them in succession; but a little afterwards, when calm returns, it becomes impossible to him to articulate again the words which had sprung up, as if instinctively," in his devastated field of ideation. Might we not charitably infer that something analogous to this desert cerebral condition, exists in the brains of persons addicted to the senseless habit of profane swearing, who fill up with interjectional expletives, those linguistic vacancies which their intellectual poverty renders them incapable of otherwise fitly tenanting? Imperatively and utterly to suppress the profane objurgations of these persons would be nothing short of reducing them to amnesic aphasics. Pass through the odoriferous knots of the great and the little unwashed, who ornament our street corners on Sunday evenings, or hearken, reluctantly, to the silly twaddle of a string of our dandy promenaders, and then tell us how these poor creatures could contrive to escape profound mutism if deprived of their connecting linguistic links. As well might you expect that a bungling mason, without mortar or shaping-tools, could build a sound and sightly wall out of incongruous boulder-stones! Men of good sense and cultivated minds do not swear, because they have no room for oaths in their discourse. Be considerate, then, towards the poverty stricken bipeds. Deal with them as you have to deal with your young victims of chlorosis, who will eat mortar, tobacco, pipes and other nasty things, until you improve their blood and rectify their nervous aberrations. But here I should apologize, for I have fallen into an impertinent digression. Happily the age has passed away in which profanity of language was regarded as the stamp of gentlemanhood, and the members of our profession find that it does not in the least detract from their prestige to appear aphasic in the art of swearing.

Before closing this rather discursive paper I may properly allude to another form of speech deprivation, which Kussmaul calls *verbal blindness*, or the inability in persons who have previously been able to read printed or written words, to comprehend their meaning. This morbid condition may be, and probably most frequently is, associated with verbal deafness, and when it is so connected it is reasonable to believe that the underlying cerebral morbid condition is more extensive and formidable. Both verbal blindness and verbal deafness stand in close affinity with amnesic aphasia, but sometimes the latter may be supposed to be present when it is not. Dr. Seppilli discovered that one of his patients who was so deaf to words as to appear to hasty observers completely dumb, had neither forgotten the meaning of words nor how to articulate them. Her expressions were, of course, purely spontaneous, for she had no dialogistic capability. To nothing spoken to her could she make appropriate response ; but the little she did speak was normally pronounced, *e.g.*, "Please, Doctor, send me home ; I do not want to stay here ; I am quite well ; my name is Assunta." Dr. S. was unable to test her reading or writing capacity, as she was "analphabetic." In this case there was neither motor nor amnesic aphasia. But this exemption was not to be interminable. In a few months she had an apoplectiform attack, from which she fell into a state of transient semi-coma, and lost the power of speech. She survived this attack about two months, and died finally from pyemia, consequent on a rebellious parotitis, and intractable bed sores over the sacrum and the trochanters. The post mortem showed the whole surface of the first temporal convolution on the left side, and the adjacent border of the second, diseased, besides several spots on the first and second frontal convolutions, and the orbital region of the third frontal, but not its middle part, or its foot. This exemption from diseased condition in Broca's lingual region, taken in connexion with the absence of previous motor-aphasia, is deserving of consideration, whilst the diseased position of the temporal lobe, taken in association with the patient's verbal deafness, seems to indicate for verbal deafness a cerebral location distinct from that of motor-aphasia.

It is not only natural, but really necessary, that functional disorders which can exist separately from, and independently of, each other, should have different and distinct cerebral local centres ; but considering the intimate relationship that, in the normal state, exists between the faculties of hearing and seeing, on the one side, and vocal and written language on the other, it must also be necessary that structural media of inter-communication between the several centres should be provided. (*Vide* Archives, March, 1884, page 121, for Kussmaul's, and page 135, for Wernick's ideas of the arrangements.) It is easy enough, on paper, to diagraph anatomical arrangements to meet the exigencies of physiological hypotheses, yet such delineations are often conducive to the introduction and the retention of injurious errors. Kussmaul's diagram of four small circles. surmounted by his large *ideogenetic centre* container, with their graceful curvilineal connectors, is rather fascinating ; but until anatomy shall have shown that it is a veritable representation of cerebral arrangements, and not a mere vision of his mind's eye, it might be as well that we do not let it any deeper than this poetic organ into our domain of mentality. In Wernick's brain map (p. 135) we see how easily and gracefully his little curve, connecting the regions X and Y passes across the rubicon of the Sylvian fissure, but when we try the experiment on a real human brain, we must certainly discover that the path is not so short nor so easy to trace as the map shows it. The most, or the best we can say of these anticipative delineations of yet unexplored cerebral mail routes, is that they are better suited to please the imagination than to convey reliable or useful instruction or sound knowledge.

I am well aware, gentlemen, that to those of your number who have had the good fortune and the patience to read the elaborate article by Kussmaul on Aphasia, in Ziemssen's Encyclopœdia of Medicine, this paper must appear a very lame production ; but its object has not been to treat exhaustively of the numerous varieties of morbid speech defect. My chief desire and aim have been to invite from my auditors such interesting facts in this relation, as have fallen under their own observance, for I cannot doubt that some of you must have encountered cases of cerebral disorder in which aphasia, in some form or other, or in some degree, has commanded your thoughtful attention, and no little increment to our knowledge of a functional disorder, whose study has been of so recent inception, can fail to prove instructive.

LATER ANTISEPTICS IN PRIVATE SURGICAL PRACTICE.*

BY N. A. POWELL, M.D., EDGAR, ONT.

In discussing the treatment of wounds, a subject confessedly the most important in the whole domain of surgery, we have no longer to ask, "Shall antiseptics be used?" That question has been answered, and in its place have arisen the queries "What antiseptics shall we use?" and "How shall we use them so as to obtain for our patients the greatest safety and benefit, and for ourselves the least trouble and expense?" The principles which underlie their scientific use, and with which for all future time the honored name of Sir Joseph Lister will be associated, briefly stated, are:—1st. That in the air, in fluids, and in the dust around us there exist particalate living bodies which may gain access to any wounds not subcutaneous. 2nd. That entering a wound they are the active agents in setting up putrefactive fermentation in its discharges. 3rd. That if they are absolutely excluded or are rendered innocuous, fermentative changes, with their frequently disastrous consequences, will not ensue. These principles the surgical world has, either in words, or in actions that speak louder than words, accepted as proven. Founded upon them we had till recently only that system worked out by the father of all antiseptic surgery, and known by the name of Listerism. It aims to prevent the entrance of germs into wounds, and to keep these wounds strictly aseptic. Volkman modified this by washing the germs from the wound while it was exposed, and then protecting it from them by a dressing similar to Lister's. Billroth disregards the entrance of germs into wounds, or their presence in discharges, but depends on destroying their power for evil by the presence of an antiseptic powder. While carbolic acid remained the only or the chief antiseptic, no modification of Listerism was advanced suited to the requirements of private practice. The original method of Lister, befogged with spray and enshrouded in the folds of a mysterious gauze, the proportion of antiseptic, in which might be anywhere from 5% to ½ of 1%, poisoning the patient or keeping his wound sodden and in an unfavorable state for rapid healing, irritating the wound till its discharges soaked through the thickest dressings, intricate, troublesome and expensive, had but one thing to commend it to the general practitioner. That one thing was the success attending its full and carefu use. My practical experience with it began in 1873 in the treatment of a compound fracture. Eve since then I have followed, sometimes perhaps afa off, the practice of the Lister school. By doing so have reached some results that by ordinary methods, I could not have hoped for. Of these I shal mention here only one series: Five penetrating wounds of the knee-joint, chiefly axe-cuts, recovering perfectly and promptly. It is but just to say that ice supplemented the action of the antiseptics in each of these cases. In the treatment of less grave wounds, I have like others been seeking constantly for simpler, safer and less costly methods. The spray I long since abandoned for the douche, and the unstable carbolized gauze for tha prepared at the time of use with Von Brun's solution. But it is only since the later antiseptics appeared and their value was demonstrated, that I have felt the slightest danger of becoming a contented routinist.

Named in the order of their importance these are: The bichloride of mercury, iodoform, boracic and salicylic acids. Within the last four years they have been employed by numberless carefu observers, and conclusions as to their safety and relative value have been reached. The most exact and extensive of these observations have been made in Germany. Based upon the methods of their use in that country, as described in recent literature, or as followed or modified in the New York, Roosevelt, Mount Sinai, and German hospitals of New York city, where I have lately had opportunity of studying them, I wish to describe a method of wound treatment particularly adapted to the needs of private surgical practice. At the same time I do not wish to go on record as advising that any one method of treatment be used for all classes of wounds. The shoemaker who works on a single last is not the one who fits his customers most exactly.

The aseptic condition, close approximation, drainage, the elastic pressure of dry and absorbent dressings, rest and protection, *these* are what we should aim to secure, and through them by the method now to be described, we may expect most wounds to heal without suppuration and under a *ingle* dressing. Under an essentially similar method, Esmarch and Neuber of Kiel, found it necessary to change the dressings more than once n but 11 out of 212 cases of extensive wounds. Made, closed and protected in this way, one may leave, as I frequently have left, wounds to await a convenient hour for further attention at any time within 10 days. Pain, fever, or the appearance of discharges are to be reported by the friends of the patient at once, and are the indications for the renewal of the dressings.

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It will be convenient to suppose that a tumor of moderate size, situated on the fore-arm, is to be removed at a country farm-house. The arm of the etherized patient is brought through an opening in a rubber sheet, and the upper part of this opening is drawn closely and secured by a safety-pin, or is laced or contracted by a purse-string of elastic tubing. The folds of the sheet are then so disposed as to convey fluids into anything convenient, placed on the floor to receive them. Next comes the thorough cleansing and disinfecting of the part to be operated on, and of the hands of the operator and his assistant. Soap, hot water, and a nail brush first, and then a solution of the bichloride of mercury, 1 : 1000 should be freely used.

At the New York Hospital, in the service of Dr. Weir (to whom personally and to whose writings I am much indebted), the field of operation is also bathed with turpentine and alcohol, 1 to 7. The standard antiseptic solution may be prepared easily and with sufficient exactness when and where wanted by dissolving an 8 grain sublimate powder in each pint of water. I am in the habit of carrying these powders in a hard rubber pocket match safe. The recent discovery by Sir Joseph Lister that sublimate is soluble in 1½ times its weight of glycerine, may furnish a still more convenient mode of preparing our solutions. Such a glycerole would doubtless diffuse in water more rapidly and uniformly than a powder could dissolve. The 1 : 1000 solution is to be mixed with an equal measure of hot water, for use in cleansing sponges and douching the wound. A tank, a fountain-syringe, or Esmarch's inverted and bottomless bottle, arranged as I show you, may be used, but most convenient and portable of all is the syphon douche now presented. This consists of a sinker weighing 3 oz., attached to one end of a tube of thick rubber 4 or 5 feet long, on which has been slipped a clip to close the tube when desired. These replace the short afferent tube and light sinker of any good syringe made after the Davidson pattern. Any pitcher will do for a reservoir, and the thick tube coming over its edge will form a curve instead of an angle, which would occlude it partly or completely. A fine nose tip of hard rubber is convenient during operation, but a tapered tube must replace it to inject the drainage tube and the deeper parts of the wound. Constant irrigation, though not required, is harmless. Since the mercuric salt acts injuriously on instruments, rusting and dulling them, and loosing its strength in doing so, we have yet to use for their disinfecting a saturated 1:20 aqueous solution of carbolic acid. In this strength carbolic acid benumbs the fingers dipped frequently into it; hence it is well, when one is his own assistant, to place a towel wet with bichloride solution, when the instruments in use can be for the moment laid down, instead of being returned to and fished out from the carbolic lotion as wanted. The cutting instruments can be conveniently at hand on a plate or platter, while a bowl makes a bath for the forceps. Of these last, since the securing of every bleeding point is so important when the effort is to gain entire primary union, I make mention of the exceptional value of Sir Spencer Wells and Pean's pressure forceps, and of the torsion forceps of Fricke. Good models of these are shown, since bad ones are common. The plan of going down for a bleeding vessel, and lifting into view successively deeper and deeper portions of tissue with a pair of dissecting forceps held in each hand, is worth referring to in this connection. Sponges should be kept and carried in a sublimate solution. Dr. Weir showed me a rubber ice-cap, with large hard-rubber screw top, which made a very convenient receptacle for them. Not less than three basins of warm 1:2000 solution should be provided for the cleansing of the sponges. Passing through these in rotation, they reach the operator clean and dry. This point I should hardly have mentioned if I had not seen sponges so often thrown into and taken from the same basin during an entire operation. Many surgeons, who would not think of using dirty water for their own faces, apply it without stint to their patient's wounds.

The tumor removed, every bleeding point is to be secured by torsion or the catgut ligature so as to leave a dry wound. At present in New York, catgut which after preparation, has been kept in oil of juniper or in absolute alcohol, is used almost entirely. It ties and keeps its knot better than that preserved in carbolized oil. In ligating arteries, I use now only the two larger sizes, as the smaller ones are not strong enough to stand being tied, as Robert Liston said ligatures always should be, "devilish tight." For sutures, however, and in particular for the "sunken sutures" of the Germans—those by which we close together muscle to muscle in the deeper parts, tying the knot far below the skin and obliterating the wound, they are excellent.

The lines of drainage should be next arranged, and in them placed one or more absorbable tubes. I show you those of Neuber, imported from Germany, and those of MacEwan, made by my assistant, from the femora and tibiæ of chickens. Since the one form has with me succeeded as well as the other, and since the natural tubes can be bought in the flesh for about the same price as the drilled and turned ox-bone in oil, my decalcified tubes in future will, I think, be after-dinner considerations. If the wound is to be dressed again within a week, either rubber tubes, horse-hair, or Chiene's chromic-acid catgut may be used. The two last I have not found to drain pus well, though they are excellent for the early serous discharges. For closing the wound, catgut should be preferred. Horse-hair answers for adjusting the edges of the skin, and silver wire secured by lead buttons may be needed to sustain tension. If silk be used at all, it should have been prepared by boiling for an hour in a 5% carbolic lotion, and should have been kept in one of the same strength. The line of union is to be dusted with iodoform, and then covered with several handkerchiefs of 10% iodoform gauze, or ¼ of 1% sublimate gauze, over which a roller of the latter material is to be applied. The dressing is completed by the adjustment of bags or pads filled with some one of the absorbents presently to be spoken of, by a second roller, and a splint to secure perfect rest to the part. Cheese cloth, boiled in a soda solution to remove fatty matters, and then washed in water to get rid of the alkali, answers for the preparation of the handkerchiefs, the bandages, and the pad covers. Iodoform gauze is made with this very simply, by Billroth' plan of rubbing the crystals into the meshes of th cloth. From 10 to 20 % will be retained. Anothe method is to saturate the cheese cloth in iodoform 50 parts, ether 250 parts, alcohol 750 parts, an allow the fluids to evaporate. This gives a 10% gauze. Iodoform is always a desiccating dressing hence it is important to bring the ends of th drainage tubes through the layers in contact with th wound. Neglect of this in one case where I ha drained a compound fracture extending into th elbow joint, caused the end of the drain to b sealed in the antiseptic scab, the serous discharg to be retained, and the temperature to rise to 103° F. All went well again when the mistake wa corrected. The great value of iodoform lies in it permanence. It constantly evolves an antisepti influence, as penetrating and as persistent as it own odor. Being non-irritant, a moderate quantity between the lips of a cut will not preven union by the first intention. Neuber warns u that not more than 45 grains should be applied a any one time to a raw surface. When first introduced, large wounds, as after hip excisions, were filled with it, and deaths followed. Now we hav the authority of Lister, Macormac, Longman, Billroth, Sands, and many others, for considering it t be the best-known antiseptic for direct applicatio to wounded surfaces.

The bichloride gauze is made by simply saturating the cheese cloth with bichloride of mercury 20 parts, water 4,480 parts, glycerine 500 parts and allowing it to dry as far as the glycerine wil admit. Its active agent, besides being the mos powerful antiseptic of which we have any knowledge, is always at hand, is safe, permanent, pleasant to handle, and is only irritating to the exten of producing an occasional slight dermatitis.

We come now, and finally, to the absorbent which may be used to soak up and keep harmles all fluids which our internal drainage has brough to the surface. Of these I show you hygroscopi cotton and the same containing 15% of boraci acid. They will each take up, as I have found b experiment, 16 times their own weight of wate wood-wool, 14 times; german peat, 12 times, an jute, 8 times. Dr. Weir is now testing the ordinar moss of our woods as an absorbent. After dryin it in an oven to kill the insects it may contain, h finds it soft, elastic, and able to soak up about fou times its weight of water. The *New York Medical Record* of last week contains a letter from Dr. Lydstone, of Chicago, advocating the use of punk or spunk, a substance used by dentists to dry out cavities in teeth. I show you a piece, part of which when tested was found to absorb 11 times its weight of water. I have not been able to obtain wood-wool from the paper makers here. That shown and also the peat came from Germany. Both are exceedingly cheap, costing only six or eight cents per pound in original packages. Specimens of each are shown as they come to us, others impregnated with equal parts of corrosive sublimate and glycerine in 200 parts of water, and still others, sewed in bags of sublimate gauze ready for use. The wood-wool is made from pine of non-resinous character, is soft, cottony in texture, elastic, and clean to work with. I prefer it to any thing excepting the cottons, which cost many times as much, or peat which costs about the same. Wood-wool collapses when thrown into or saturated with water. On this account the roller first applied should not cover any dressings containing it or the pressure may not be maintained and the result may be compromised. It has, as was recently pointed out by Lister, in the discussion at Woolwich on antiseptic field surgery, the same composition as cotton rags, which may replace it if used in sufficient mass. Dr. F. Lange, who is perhaps the best exponent of German antiseptic surgery in this country, is partial to borated cotton arranged in thick sheets and covered with sublimate gauze. I show you a "compound borated dressing" prepared as he directs.

The story of the introduction of turf, mould or peat may be new to some here present. About four years ago a man applied to Dr. Neuber, assistant to Esmarch in Kiel, relating that ten days before he had while working on the moor sustained a severe injury to the fore-arm. To this had been at once applied a thick coating of mould and a rude splint. On examination the wound was found free from suppuration and either united or granulating well, though there had been compound fracture of both radius and ulna, rupture of the wrist joint and extensive laceration of the soft parts. Neuber followed up this broad hint as to the value of peat, and its use has been attended by rapid and satisfactory healing of the parts it protected. A special advantage of peat is its power to absorb the gaseous products of decomposition, such as ammonia. Used as a litter for horses the same beds have, according to Dr. Ernest Hart, been in use for two or three months. It absorbs best when slightly dampened, is soft, as you see, and very elastic.

In conclusion, I do not propose to enter into any recital of cases or statement of results. The method advised is one of the antiseptic methods, and results obtained by it belong to that system, the beneficent influence of which can be as little questioned as can be the good to mankind that followed the discovery of the hæmostatic use of the ligature, or the anæsthetic use of sulphuric ether. The materials required can all be carried in a small satchel, and all be purchased with what would be only a fair fee for their first use.

MANAGEMENT OF THE THIRD STAGE OF LABOUR.*

BY GEORGE A. TYE, M.D., CHATHAM, ONT.

GENTLEMEN:—The management of the third stage of labour is always full of interest because it is so closely connected with *post-partum* hæmorrhage. The object of this paper is chiefly to discuss Credé's method, a method lately warmly advocated by some prominent obstetricians. Unless properly limited it may bring disappointment to the practitioner and disaster to the patient. The third stage, like the preceding ones, is a strictly physiological process and requires no assistance as long as the conditions are normal. When, however, the conditions are pathological, then alone is interference justifiable. When the uterus has been for a length of time vigorously engaged in the previous stages it is naturally more or less exhausted, and before commencing the third stage requires a period of rest. After this rest contractions occur spontaneously, at first gentle, then gradually increasing in power; each contraction separates a portion of the placenta, and simultaneously closes the sinuses, and finally expels the whole contents of the uterus. The efforts thus begun continue till all danger of hæmorrhage is past.

This is Nature's method and can never be improved by Art. During this process the accoucheur is only a watchman, keeping the hand over the uterus, to warn him should internal hæmorrhage occur, and convey to him the nature of the uterine action. It is the practice of some to interfere: 1st, by traction on the funis; 2nd, by external pressure from all sides towards the os. The latter process, known as Credé's method, has been taught and practiced for the last twenty-five years or longer. These methods are both unnecessary, because the process can be accomplished without their aid; they are both wrong, because they tend to deliver the placenta prematurely, that is before sufficient contraction has set in, and therefore favour *post-partum* hæmorrhage. The method of traction on the cord being rarely practiced requires no comment. Credé's method is taught, considerably practiced, and lately warmly advocated, and that in all cases. When Credé's plan is practiced the placenta may be separated by the combined forces of the uterine effort and external pressure. But it is frequently detached by the external pressure alone, after separating a portion of the membranes which are liable to be retained. The placenta acts as a tampon, and as a stimulus while in the uterus and is of service until Nature's *tourniquet*, uterine contraction is ready. When the conditions are abnormal, such as strong adhesions, and strong uterine efforts fail to deliver in a reasonable time, then the method of Credé is valuable and will hasten expulsion. These cases are rare. It is the practice of this method in *every* case that is unjustifiable and dangerous. For ten years I practiced this method and had a large number of hæmorrhages. I was struck by the fact that in all the labours to which I was called and arrived late flooding had rarely occurred. Cases attended by midwives, who did not interfere, were nearly exempt. These facts caused me to abandon the method and to rely upon the natural process as already indicated; the result has been most satisfactory and convincing during the last seven years.

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*Read before the Ontario Medical Association, June '84.

Dr. Garrigues, of New York, in a recent paper before the Academy of Medicine, strongly advocates Credé's method. His first statement is that it should be used in *all* cases. Amongst the advantages that he claims for it is the *prevention* of hæmorrhage, but proof of this assertion is not in the paper. In the discussion that followed, Mundé speaks of Crede's method as a very excellent one, and free from danger when carried out aright, but qualifies it thus :—"When carried too far it might cause too rapid expulsion and favour inertia." He still further modifies it by saying, "The placenta should not be expressed until it is detached, but the uterus should be made to contract by manipulation and separate it, then it could be expressed." This statement is true and sound practice, but it is not Credé's method. When the placenta is once detached it is a foreign body and may be safely expressed, even traction on the cord may be admissible.

Dr. Isaac C. Taylor said that he looked upon everything connected with childbirth as a physiological process, and thought we should not interfere with this process. Nature's method was to wait twenty minutes or even an hour. She was fatigued and needed rest. We should not compel her at once to renew her efforts to deliver the placenta. Medical opinion abroad is not now so favourable as formerly. Hofmeyer in a report on Obstetrics and Gynæcology in Germany, says :—"It is unquestionable that a certain reaction has set in against the method of the immediate expression of the placenta after labour introduced by Credé twenty or thirty years ago. As long as twelve or eighteen months ago various voices have been raised, Runge, Dohrn, Schultze, and others, calling attention to the disadvantages of an over hasty expression of the placenta, so that Credé himself has been inclined to again carefully limit the procedure introduced by him. Quite recently the manifold dangers of this method have been very minutely exposed by Attfield, chiefly the liability to secondary hæmorrhage and the retention of membranes. At the meeting of German Physicians at Freyburgh, I had the opportunity of hearing Hegar and Freund prefer an almost absolute expectancy to Credé's method."

When uterine inertia exists not due to fatigue, ergot is our most reliable stimulant, in addition to external manipulation. Sometimes the contractions produced by its use are irregular—a portion being contracted, another quite lax, so that the placenta becomes partially or completely encysted, and is not liberated until the influence of the ergot has passed away, or the hand has been introduced to remove it. As a rule it is best to abstain from its use until the uterus is emptied, then a full dose may be administered to keep up contraction, the hand in the meantime being retained until its effects are manifest, the patient can then be left in safety, and much done to prevent puerperal fever.

REPORT OF A CASE OF EXOPHTHALMIC GOITRE.*

BY J. CAMPBELL, M.D., C.M., L.R.C.P., EDIN., SEAFORTH, ONT.

Mrs. B., æt. 45, a native of England, and mother of eight children, came to me with well-marked symptoms of Graves' Disease, especially as far as the eyes, heart and thyroid gland were concerned. She also complained of menstrual derangement, and was somewhat anæmic. She gave me the following history :—Some time previously one of her children got scalded, and she was very much frightened. Shortly after this the characteristic symptoms of Graves' Disease began to show themselves. She was an occasional visitor to my office at intervals varying from a week to a fortnight, and was treated with citrate of iron and quinine, and tincture of digitalis, and laterally with ergot—the latter drug being sometimes given on account of the menstrual flow being very profuse. During this time she took a trip to see her friends, and while away, all the symptoms became very much aggravated, and in addition, pronounced gastric symptoms developed themselves, and it is to these and the treatment of the disease in this particular case, that we wish to direct your attention.

In January, 1883, the gastric disturbance became marked and troublesome, the patient vomiting her food, medicine and everything she took. The result was, that before March she was reduced to a state of extreme emaciation—was in fact a mere skeleton, and her death was expected daily. At this time the only thing which would remain on her stomach was a spoonful of milk and lime-water. The tongue was red, denuded of epithelium, irritable and tremulous. The temperature at this time ranged from 100° to 101°F. This we attributed to the gastric irritation, or to what was probably gastric catarrh—though elevation of temperature is not an uncommon symptom of Graves' Disease. The pulse was weak, rapid and intermittent, ranging from 130 to 140. All kinds of food however mild, were rejected with the exception of milk and lime water, and whey—that is milk with the curd removed. These were also frequently rejected. Murmurs were heard over all the valves of the heart, and the carotids were throbbing violently. It will be easily understood that when our patient was in such a condition any specific medicines for the disease, administered by the mouth, were out of the question. Bismuth was the only medicine that was retained, and to this we sometimes added small doses of morphine.

Treatment—Under these conditions we resorted to the method of giving both medicines and nutrition per rectum. We gave tinc. of digitalis *M*. xx. and ext. ergot fld. *M*. xx., at stated intervals as we deemed expedient, carefully watching their effects. At the same time we nourished the patient by rectal alimentation, giving Wyeth's preparation of beef tea, iron and wine, milk gruel, ordinary beef tea, chicken broth, etc. We also gave pepsine, lactopeptine, maltopepsyn, etc., as the case might be, with bismuth and milk and lime-water by the mouth, as we found the patient could stand it, our object being to restore the tone of the stomach so that it might resume the duties of its office at as early a period as possible. We found that the nutrient enemata were retained for fully two hours at a time, and the functions of the bowels were not materially interfered with. We also used galvanism along the pneumogastric nerve twice a day for five minutes at a time, but what part this had in bringing about the salutary result which followed, we are not prepared to say. Hammond reports cases of cure from the constant current alone. We have to state, that after a few days of this treatment the patient was able to take gruel, beef tea and broth by the mouth. After two weeks she was able to take solid food, and the medicine partly by the stomach and partly by the rectum, as the stomach would tolerate it. Under this treatment the pulse was reduced to 100 in a few days, and became steadier, the irritability of the stomach gradually passed away, and our patient in a few weeks was able to resume her usual diet. In about six weeks she was able to attend to her household duties.

Remarks.—I. In this case we ordered absolute rest, with mustard at intervals over the irritable stomach. We believe rest to be an excellent thing, as we found that all exertion increased the pulsations in the tumor—the throbbing of the carotids and the palpitation of the heart.

II. We believe in regulating the action of the heart. This is of primary importance because the aortic pulsations behind the stomach contribute very much to the irritability of that organ. This is done with digitalis and rest.

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*Read before the Ontario Medical Association, June, 1884.

III. It is important to persist in the treatment, no matter how apparently hopeless the case may be—for no case could be more hopeless than this one, and success at last crowned our efforts.

IV. As to medical treatment, we are in favor of a combination of ergot and digitalis as we found her improve more on these drugs than she did on any other remedies—at the same time we would remark that the treatment should be modified and changed so as to suit the condition of the stomach which is apt to be very irritable in this disease. The idiosyncrasies of each patient should also be respected.

Present condition of patient.—She is quite well. There are no murmurs heard over the heart—the gland is normal in size—the eyes are all right—the arteries have ceased to throb and the heart no longer palpitates—altogether the patient may be considered cured in the fullest sense of that word, and it is not very likely that we will ever have the chance of treating her for this disease again.

Correspondence.

To the Editor of the Canada Lancet.

Sir,—Will you be kind enough to publish the following in your valuable journal :—

Clinical courses for practical physicians, comprising all the special branches, are held every month at the Polyclinic in Berlin (Germany), 30 Carlstrasse. The courses begin with the first of each month, and last a whole month, lectures being given on every working day. The number of participants is limited to six for every course. Should more than six apply for the same course, an extra or parallel course will be organized.

To all those physicians wishing to perfect themselves in a special branch, the opportunity is given to serve three months as assistants in that particular branch. Those gentlemen having served as assistants will be allowed, in appropriate cases, to conduct the extra or parallel courses.

We intend to elevate the Berlin Polyclinic into an international medical school for the improvement of physicians of every country. In order to have the courses conducted in foreign languages, assistantships will be conferred upon foreign physicians.

Yours very respectfully,

Ludwig Loewe,

Surgeon General, Berlin Polyclinic.

Berlin, June 13, 1884.

To the Editor of the Canada Lancet.

Sir,—The July number of the Lancet has jus come to hand, containing a report of the proceedings of the late sitting of the Medical Council. The Council proposes to introduce an amendment to the Medical Act, giving power to levy an annual tax of $5 or commutation sum of $20.

Now, let us see for a moment how large a sum will be raised by this tax on our hard earnings. It has been said that there are about 2,000 practitioners in the Province ; 2,000 X 5 = $10,000 annually, or $40,000 at commutation rate, a very respectable income indeed !—apart from students fees. To what purpose is this nice sum to be de voted ? The published report of the meeting does not state. Is it because the Council has found $1 per annum uncollectable, that they are now make it $5, and by so doing serve two purposes collect it easier, and increase the per diem allow ance of members.

In the above remarks I merely touch on the matter to bring out the opinion of the profession at large, on the proposed amendment, ere it be come law. A new election is approaching, let al those who are of the opinion that this money is quite as useful in their own pockets as it is likely to be in the coffers of the Council, bestir them selves to return candidates pledged against any such amendment ; and also let them bring their influence to bear upon members of the Local Leg islature for the same purpose.

Yours, &c.,

J. C. Thom, M.B.

Streetsville, July 10th, 1884.

Selected Articles.

THE ABDOMINAL TRACTOR AND ITS APPLICATIONS.

Dr. Henry Hartshorne, of Philadelphia, describes in the *Medical News*, March 1st, the use of this ap pliance :—

Some time since, I exhibited before the College of Physicians of Philadelphia a simple apparatus for abdominal traction ; having especially in view its use as an aid in producing artificial respiration My attention had been called to the incomplete ness of the means commonly employed for tha purpose, by their failure in two cases of drowning which I was so unfortunate as to witness at Atlan

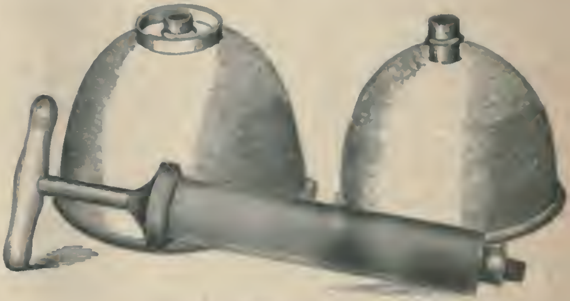
City, N. J. Easy experimentation on my own person satisfied me, as it may anyone, that Sylvester's method (the best in use) has very little *compulsory* power in expanding the lungs. One may, without the slightest difficulty, effect *expiration* while the arms are raised backward and far over the head, and *inspiration* while they are being brought down and pressed laterally against the chest.

Considering the large amount of force readily exercised by the diaphragm in what is called "abdominal" as distinguished from "thoracic" respiration, it is reasonable to suppose that, in asphyxia from any cause, respiration may be prompted and assisted in renewal by *drawing the viscera away from below the diaphragm.* Such is the intention of the apparatus which I now propose to describe. It consists, first, of a tube or pump, not unlike, in shape and size, an ordinary enema syringe of the old fashioned kind; holding, however, somewhat less than a pint, for lightness; and having a cross-piece at the handle, for greater firmness in traction. It is constructed as a *two-valve* exhausting pump; so that, by drawing upon it again and again, a firm hold may be taken and kept.

Secondly, the tube is adjusted to a large cup or metallic bowl; designed to be applied to the abdomen. I have had two sizes of bowl made, so as to suit bodies of greater and less width and stature. One bowl is seven and a half inches across its outer rim, and five inches deep; the other is six inches across, and three and a half inches in depth. Either may be affixed to the exhausting pump for abdominal traction. My first thought was to use a *one-valve* pump, so as to *alternate* rapidly the elevation and depression of the abdominal walls; but it was soon found that, unless with a pump so large as to be unmanageable on account of its weight, the lifting of the viscera by one draught of the pump will not be sufficient to answer a good purpose. By trial on a living body, I find that the exhausting pump and bowl above mentioned will take a very strong hold of the abdomen, and exert a great lifting action upon its contents.

No case of drowning or other asphyxia having come under my observation since the instrument was constructed, I have had so far to content myself with its trial on the living body, with normal respiration, and some applications of it to dead subjects. The latter, however, on account of the bodies having been semi-solidified by preservative injections, were not satisfactory in determining what such traction may do towards effecting artificial abdominal respiration. This yet awaits an opportunity of fair trial. The least that may, in my judgment, be expected of it is, that it may render valuable aid to the Sylvester method; just as *counter-extension* does to *extension* in the reduction and treatment of fractures. The two methods may be combined with perfect facility and convenience.

More positive ground of confidence appears to me to exist, in regard to the application of a similar mode of abdominal traction to the treatment of *strangulated hernia* and some forms of *intestinal obstruction.* This is not a new proposition. Authors mention it as having been put in practice by Anton Nuck, the eminent anatomist and surgeon, professor in the University of Leyden, near the end of the seventeenth century. It is said to have been a method sometimes in use by Russian practitioners; and allusion to it was made in an English medical journal within a year or two, the reference to which has recently escaped my search. Slight reflection will show that the reduction of a femoral or inguinal (of course not an umbilical) hernia must be promoted by forcibly abstracting the mass of the contents of the abdomen in a direction opposite to that of the protrusion. This is the *rationale* of the common expedient of raising the patient's heels high above his head, which I have known to be quite effectual in practice.



Scale, one-fifth-inch = 1 inch.

Also, it is evident that if, in a case of *intussusception,* we could seize either the received or the receiving portion of the gut, and draw upon it, we should almost certainly relieve the invagination. While this is not *sure* to be done in every case by abdominal traction, it affords a greater *probability* of such a result than any other mode of treatment without laparotomy, and hence it is worthy of careful trial. My apparatus was made by A. H. Wirz, of Cherry Street, Philadelphia, and will be at the service of any practitioner who may desire to use it in fitting cases.

TREATMENT OF GASTRIC ULCER.

At the Société Médicale des Hospiteaux, April 21st, there was an interesting discussion on the treatment of ulcer of the stomach.

The discussion was opened by Dr. Debore, who remarked that the ordinary way of treating simple gastric ulcer by an exclusive regimen of milk and lime water or milk and Vichy water often fails. One of the inconveniences attending this treatment is that large quantities are required to sustain the patient, from which irritation and even dilatation may result. The attempt has been made to give an equivalent in milk in smaller volume by using milk powder or condensed milk, but these preparations had not been successful. The same may be said in regard to meat powders so much employed in "glevage" or forced feeding, which are ill borne in gastric ulceration, and often occasion vomiting. In view of this want of success, Debore asked if it were not possible to find some other regimen, which while nourishing the patient, would suspend for a time the action of the stomach and suppress the secretion of gastric juice, whose injurious influence on the march of ulceration is universally conceded. Certain authorities have lauded the benefits of enemata of peptones, substituting rectal alimentation for alimentation by the stomach, but this does not allow the organism to be sufficiently nourished, especially if the enemata be depended on for a long time.

In view of the impossibility of suppressing the secretion of gastric juice, Debore has endeavored to modify its acid reaction by neutralizing it. The acidity of the gastric juice is so characteristic and so necessary to stomach digestion that one may truly say that gastric juice when rendered alkaline has lost all its properties. There is equal reason to believe that it is to this acidity that the gastric juice owes its power to prevent the healing of the simple ulcer. The problem then consists in finding how to so neutralize the gastric juice that azotized food may be given to patients in such a way that the digestion shall be accomplished not in the stomach, but in the small intestines. With this end in view Debore administered to his patients a certain quantity of meat powder associated with a large dose of bicarbonate of soda; twenty grammes, for instance, of the powder and ten grammes of bicarbonate at each meal time. Several trials assured him that the theory which he had adopted was correct. On withdrawing, for example, by a flexible tube the contents of the stomach in patients to whom he had previously given the mixture of meat powder and soda, he ascertained that there was no trace of peptones. He treated in this manner four patients affected with ulcer of the stomach. In all these the intolerable pain which they were suffering and the vomiting disappeared.

At the present time Dr. Debore relies on the following procedure: During the first few days he washes out the stomach to free it of acid matters it may contain. This operation has never in his practice provoked hematemesis, and is regarded as safe. He uses a soft flexible tube, whose extremity if it hit against the ulcer could do no harm. In the next place he administers to his patients three times a day, twenty-five grammes of powdered meat suspended in milk and mixed with ten grammes of bicarbonate of soda. This mixture is administered at meal time and by means of the stomach tube, as it is very disagreeable to take in the ordinary way as food. The patient is given, besides, a quart of milk a day, rendered alkaline by lime water. The patients have been confined to this diet for several months at a time, and this treatment has never given rise to any of the symptoms which characterize what has been called the 'alkaline cachexia.'

Dr. Jaccoud moreover affirms that he has been able to give to certain patients for a very long time twenty grammes a day of the bicarbonate of soda without the least harm resulting. Charcot has also given as much as thirty to forty grammes a day without noting any cases of cachexia. If it is well established that the bicarbonate of soda long continued does not produce cachexia, it is no less true that its employment is attended with certain inconveniences. Besides its disagreeable taste, its action on the stomach is somewhat irritating, and by its decomposition under the influence of the digestive secretions it sets free considerable quantity of carbonic acid, which causes painful eructations. Another reason which has prompted Debore to seek a substitute for the bicarbonate in some other alkali is, that the former by reason or its great solubility may be too speedily absorbed, and consequently fail to sufficiently neutralize the gastric juice. He has tried to replace the soda with lime water, saccharate of lime, and magnesia. All these have their advantages and disadvantages, and he now uses that combination which has given the best results. At each meal, which consists of twenty-five grammes of meat powder well stirred into milk, he adds a small package containing a mixture of about equal parts of calcined magnesia and bicarbonate of soda. He also orders the patient to drink each day a quart of milk to which is added one gramme of saccharate of lime.—*Boston Med. and Surgical Journal.*

THE ACTUAL CAUTERY IN DISEASES OF THE JOINTS.

Mr. Henry Smith, F. R. C. S., professor of surgery in King's College, in the *Lancet*, May 11th, gives his views on this subject. He states that, whilst in former times the actual cautery had been employed to a considerable extent by surgeons, it had gradually fallen into disuse, in consequence probably of the seemingly cruel and painful nature of the operation, so graphically described by the late Sir William Fergusson in his "Practical Surgery." Since, however, the introduction of anæsthetics, by means of which this potent remedy could be applied without the horrors formerly accompanying it, the actual cautery had been resorted to without scruple, and the pupils attending his class had had recently several opportunities of witnessing the extraordinary benefits produced by its application. He desired to call attention to two other instances of disease of the knee-joint, occurring in females, where the effects of one application of the actual cautery had been remarkable. In one of these cases the disease had been of long standing, the joint being in a state of chronic inflammation, the chief symptoms being severe pain on any attempt to move it and some swelling. After the employment of various measures, which were of little use, the actual cautery was freely applied, with almost immediate relief and ultimate cure. In the other case, that of a woman who had been suffering from chronic inflammation of the femur, which had implicated the knee-joint, and resulted in great enlargement of the bone and anchylosis of the joint, attended with most severe pain and total loss of use of the limb, no treatment seemed to be of any avail until the cautery had been freely used over the end of the femur and knee, and those present had been able to witness the effect of this agent, which resulted in immediate and permanent relief. In another case which had been before their notice, that of a young woman with disease of the hip-joint, the symptoms denoting progressive disintegration of the articulation, the usual treatment was adopted—namely, rest, extension, and local applications,—but although the acute symptoms were relieved, intense pain persisted, especially at night. The actual cautery was applied, and the effect was to mitigate the pain within a few hours and ultimately the course of the disease was arrested. Another striking instance of the good results produced by the cautery had recently been under their notice. It was the case of a poor woman who had suffered for some time from disease of the spinal column in the dorsal region. There was some curvature, very severe pain on pressure over three of the vertebræ, and latterly the woman had lost control over the bladder. After she had been kept at rest for some little time, and the more urgent symptoms had been relieved, he applied the actual cautery freely over the diseased vertebræ, and at the same time administered mercury internally so as to produce gentle ptyalism. The effects were almost immediate; pain was relieved within a few hours, the bladder symptoms were removed, and in the course of six weeks the woman left the hospital convalescent, having been previously fitted with a Sayre's jacket. In an instance also of disease of the ankle-joint in a strumous lad, where the features of the case pointed to mischief in the bone rather than in the synovial membrane or cartilage, he was on the point of amputating the foot, but before doing so he determined to apply the cautery freely. This was done under ether, and with such good results that the patient left the hospital with a stiff ankle but a serviceable foot.

Mr. Smith said he was anxious to draw their attention to one important point in connection with this means of treatment. It should not be used in instances where acute inflammatory action existed; it would be necessary to abate the acute symptoms before using the cautery. In all the instances alluded to this had been done, and the actual cautery was then applied; in fact, as he had often pointed out to the pupils in the wards, it was in those instances where chronic inflammation was going on, threatening progressive disintegration of the joint structures, and especially those instances where constant pain was a notable symptom, that the actual cautery was such a powerful ally to the surgeon; and he strongly advised its use in such cases before resorting to more severe proceedings.

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CREASOTE IN DISEASES OF THE AIR PASSAGES.—Dr. Pick, of Coblenz, says (*Deut. Med. Wochen.*), that the action of creasote in consumption, recently much extolled by the French (Bouchart and Gimbert), as well as the successful experiments of Frantzel and Curschmann, induced him to employ this much discredited remedy in a series of cases, and to make a summary of the results. Creasote was given by the author both internally and externally. For external use he employed a mask which, being a modification of Hausmann's apparatus, could be worn by the patients without much difficulty, and even during the night. The creasote was dropped on cotton-wool in the mouthpiece, and was inhaled by means of deep inspirations. The apparatus has the advantage over Hausmann's that the nose remains free, and the troublesome irritation of the nasal mucous membrane is avoided. Dr. Pick gave the creasote internally either with cod liver oil, or according to the French formula: Kreasoti, 13, tinct, gent., 30, spirit. vini rectif. ad., 250, vini Malag. ad., 1,000. The drug was well borne by the patients both internally and in the form of inhalation, and Dr. Pick speaks of one case where there was a decided antipathy to cod liver oil, but where it was taken quite well in the above-mentioned combination. Gastric disturbances or toxic effects were seldom perceived. Among the cases treated by the author was one of croupous pneumonia passing into gangrene, thirteen of tuberculous infiltration in persons with hereditary taint, and one of sudden hæmoptysis after long standing catarrh of the lung. The results were very good in all sixteen cases; after a short use of the drug, diminution of the cough, considerable reduction of temperature, improvement of the general health, and decrease in the expectoration quickly ensued; and the hæmoptysis mentioned above, which had not yielded to a fourteen days' treatment with ergotin, was speedily checked by a few hours' inhalation of creasote. This may, perhaps, be attributed to the styptic action of the creasote, which, besides its disinfecting and antipyretic properties, coagulates albumen and contracts the capillaries. A lasting effect was, however, observed to follow the employment of creasote only in catarrh of the apex, or in commencing infiltration. In advanced phthisis, where extensive disintegration of tissue with great diminution of strength was already present, the only lasting result was the alleviation of isolated symptoms. Dr. Pick lays particular stress on the quality of the creasote, and attributes its actions only to that got from beech-wood tar, in contradistinction to the kind more frequent in commerce, obtained from coal-tar, whose qualities, so far from being useful, only set up gastric disturbance.—*Med. & Surg. Reporter.*

WATER IN THE DIETARY OF YOUNG CHILDREN—In a communication to the *New York Medical Journal* (September 29), Dr. Remsen, of the Nursery and Child's Hospital, calls attention to the general ignorance which prevails as to the necessity of furnishing infants with a sufficient quantity of water, especially in hot weather, and whether they are brought up at the breast, or artificially. For want of this, the fluid portion of any food introduced into the stomach is quickly taken up, leaving the solids too quick to be easily digested. They ferment and produce indigestion and colic, together with diarrhœa. As a consequence of the thickened state of the blood thus produced, excretion of sweat is arrested, and a state of collapse and hyperpyrexia is developed. In warm, dry weather, babies will drink cool water every hour or oftener, if it is, as it should be, offered them. The earliest sign of the water in the system being below its normal standard is a slightly depressed condition of the anterior fontanelle. This may be present in children apparently in perfect health, yet in whom a slight increase of temperature or the deprivation of the breast for a few hours, may give rise to sudden hyperpyrexia. Attention is, however, usually first aroused by the fretfulness of the child, a moderate rise of temperature and pulse, a hot, dry skin, and a constant desire to suck. If a free supply of water be given, and nursing restricted in frequency, these symptoms will often disappear completely and quickly, but if not, collapse will soon come on. The temperature ranges from 105° to 106° F., or higher; the pulse is small and thready, numbering from 180 to 200; the skin of the body is painfully hot, while the extremities are cold; the features are pinched and sunken, with the eyes half-closed and the pupils contracted; the fontanelle is depressed, the hands are tightly shut, the respiration is hurried and irregular, and consciousness seems abolished. A child in this state will swallow water with greediness and the utmost pleasure. The treatment adopted at the Nursery has been wrapping the patient in a wet sheet, applying cold to the head, and giving as much water as can be swallowed. The results have been very satisfactory, the child becoming quiet, and even going to sleep, while all the threatening symptoms rapidly subside. "The attention given to this point as a prophylactic measure has been followed by a diminished rate of mortality, and a marked reduction in the number of gastric and intestinal complaints. If more care was taken to give children a proper amount of water, and restricting their hours of sucking or feeding, the mortality due to hot weather would decrease, and less would be heard about the troubles of teething."

PATHOGNOMONIC SIGNS OF DISEASE.—Dr. E. G. Janeway, of New York, read a paper before the American Medical Association *(Louisville Med. News)*, on "the danger of relying too much upon so-called pathognomonic signs of disease."

It is often a very brilliant thing, he said, to make a snap diagnosis, but it is not safe to do so; for many so-called pathognomonic signs of special diseases are found, on closer inspection, not to be so in reality. For instance, optic neuritis, conjoined with headache, used to be considered as a pathognomonic sign of cerebral tumor. This is not so. We know that it only means that there is some increased pressure in the brain. You must also eliminate Bright's disease of the kidneys. Volitional tremor is thought by some to be very characteristic of multiple sclerosis, but a similar condition is observed in patients who are under the influence of metallic poisons, such as mercury, and also in those who have partaken freely of alcoholic stimulants. We often find considerable difficulty in cases of coma, in endeavoring to decide whether it is of hemorrhagic or uremic origin. The variations in the temperature of the body are here a valuable help in our investigation; but they are not sufficiently certain to found a positive conclusion upon. The existence of heart murmur, or the absence of it, does not positively settle the point as to whether there is an embolus in the brain or a hemorrhage; and albumen in the urine is often associated with these lesions. The author went on to consider cases—referring to heart and chest diseases. It is not wise to rely too much upon these signs, but to take the whole bearing of the case in making the diagnosis.

Dr. Frank Donaldson, of Baltimore, in opening the discussion, spoke of cardiac murmurs. He had known of cases in which the autopsy showed marked stenosis of the mitral orifice, which had presented no murmur during life.

Dr. Janeway said that in some cases of pneumonia of slight grade, bronchial breathing is not present, and he had seen people much misled by it. In regard to mitral stenosis he thought that it could sometimes be detected by a long first sound with a slightly blubbering character, even when there was no murmur.

A NEW METHOD OF TREATING PLEURISY.—Prof. Picot (of Bordeaux), describes a new method of treating acute pleurisy when it has been found necessary to puncture It has been his custom after thoracentesis to apply immediately a large blister over the region, to prevent, as far as possible, any re-formation of the fluid. But, in order to produce a more powerful revulsion, his assistant, Dr. Cayla, after evacuating the fluid as completely as possible, covers the affected region with cauterized punctures made by the thermocautère. These cauterizations are practiced immediately after the evacuation; they are very numerous, but a short distance from each other, and their application is followed by a powerful revulsion over the whole of the thoracic region corresponding to the diseased pleura. This method has been used several times without accident. The patients, men and women, bear it well, and the punctures are made with care that the cauterization shall not include more than half the thickness of the derm.

Mr. Picot cited in support of his method a number of favorable cases, in all of which there has been no return of the fluid, and a cure was affected in a few days. One case was particularly interesting—it was a case of acute miliary tuberculosis, with a considerable accumulation of fluid on the left side which required thoracentesis; 2,050 grammes of fluid were evacuated, and the cauterization was performed as usual. There was no return of the fluid to be detected by physical signs, and the patient dying some little time after by the progress of the tuberculosis, the autopsy showed that the pleura from which had so recently been extracted a large quantity of fluid, no longer contained any traces of it.—*Jour. Am. Med. Association.*

IODIDE OF POTASSIUM IN PNEUMONIA.—Regarding pneumonia as a general disease with local manifestations, Dr. Schwarz recommended the use of iodide of potassium in six grain doses every two hours, at the same time applying an ice-bag to the chest over the seat of the pulmonary lesion. All his cases thus treated recovered, some of them within two days. Dr. Gualdi (*Gazetta Medica di Roma*, May 15, 1884) has similarly treated a number of cases, and reports most excellent results. He formulates the following conclusions based upon his experience with this mode of treatment: 1. Schwarz's method of treating pneumonia gives good results. 2. These results are even better in the case of children than in that of adults. 3. The treatment should be instituted at the beginning of the disease, for when commenced at a later stage the cure is less rapid and satisfactory. 4. The action of the iodide is exerted upon the fever and the general disease, and not upon the local lesion. 5. The iodine and the potassium become separated within the organism and each of them exerts a special effect. 6. The action of the ice is upon the local condition. It is useful in the period of pulmonary congestion, but injurious in the stage of hepatization.—*Med. Record.*

PALATABLE PRESCRIPTION.—The best prescription containing iodide of potassium is the following:—

℞ Potassii iodidi........................ʒ ij.
Tinct. aurant. cort. recentis........ʒ ij.
Ext. glycyrrhiz. rad. fl...................℥ i.
Syr. simplicis....................q. s. ad. ℥ iij.

Of this each teaspoonful contains five grains, and the iodide is so perfectly disguised that persons who have been accustomed to its use fail to recognize its presence. For this combination I am indebted to Mr. Julius H. Eichberg, the skillful and efficient druggist of the Cincinnati Hospital. The vehicle is eligible also for the administration of the bromide of potassium. A syrup of coffee is highly recommended to hide the taste of the iodide—fifteen grains to the ounce. The same vehicle can be used for the bromide, except in cases where the stimulant effect of coffee is to be avoided.—*Cin. Lancet and Clinic.*

ANTISEPTIC ABSORBENT SPONGE.—Mr. Sampson Gamgee showed before the Medical Society of London, April 21st, an artificial antiseptic sponge of his invention. A small capsule, containing eucalyptus or other antiseptic, was enclosed in absorbent cotton; outside of this was a layer of cocoanut fibre, and outside of this more absorbent cotton-wool; the whole being enclosed in gauze. When about to be used the capsule could be broken by a blow of the fist, and the absorbent cotton become permeated with the antiseptic. Mr. Gamgee said that these sponges could be made at a very trifling cost, and he hoped they would come into use as a cheap substitute for ordinary sponges. They possessed this great advantage, that when required for use they were certain—however long they might have been kept—to be antiseptic; and, being so cheap, they might always be destroyed after being used.

TREATMENT OF CONSUMPTION.—In the *Medical Press and Circular*, June 8th, Dr. William H. Pearse says he is continuously prescribing a combined muriatic acid, quinine and arsenic treatment to a large number of those who are of the phthisical type, but whose cases have not advanced beyond the indigestion of bodily debility stages, and, with rare exceptions, with marked benefit. His general directions to such a patient are an out-door life, all and any food to which his fancies incline him, and which include onions and pickles; also cod-liver oil, and the following mixture three times a day, after meals: ℞. Cinchonid. sulph., gr. xx;

acid muriat. dil., ʒ v; liq. arsen. hydro., m. c; aq. maris., m. lxxx; mangan. sulph., gr. xx; infus. quassiæ, *ad* ℥ x. Twenty doses. The improvement is steady and regular, though, of course, rather slow.

Inheritance as a Cause of Drunkenness.—There is no doubt that *inheritance* has much to do with a thirst for strong drink, especially if we can bring the case down to a fine point, and find the child was begotten during the time either parent was suffering from alcoholism. As an example of this theory, I have a well authenticated case of inherited inebriety now under treatment at the "Home"—a gentleman, the third son of his parents, who is sorely afflicted with alcoholism. He tells me that himself and younger brother (the fourth son) have always, almost from infancy, been too fond of liquors, while his two elder brothers are strong total abstinence men, and never touch liquor; they are also men of wealth, while the younger, who are inebriates, are poor. He tells me that he has often heard his mother say of his father, that during the first five years of their married life, he (the father) did not use liquor in any way, and would not associate with men who did. But about the fifth year after their marriage, about the time the third son was begotten, the father had many business reverses, took to drink, and died after being an habitual drunkard for several years.—*Report of Dr. J. G. Jewell to Cal. State Medical Society.*

Treatment of Acute Alcoholism.—The following mixture is in use in the Albany Hospital, *Med. Annals*, for the treatment of the effects of acute alcoholism, to relieve nervous excitement and insomnia:

℞	Tr. opii. deod.,		
	Ext. hyoscyam fl.,	aa	ʒ j,
	Chloral hydrat,		
	Pot. bromidi,	aa	ʒ j,
	Tr. capsici,		ʒ ss,
	Tr. aconiti rad,		m v,
	Aqua menthæ pip., ad.		℥ iv. M.

Sig.—Two tablespoonfuls and repeat in four hours if sleep is not produced.

A Bar to Malpractice Suits.—A case tried not long since in one of the Western States brought up the question whether a successful suit by a physician for the value of his services did not bar any subsequent suit by the patient for malpractice, and it was held that it did. The first suit was litigated to decide the point of the value of the services, and although the charge of malpractice was not directly made as in the second suit, yet if there had been any malpractice there would, of course, have been no value to the services. The failure to make the charge in the first suit was held to forever prevent its being raised afterwards.—*Med. and Surg. Reporter.*

Successful Abdominal Surgery.—Dr. Robert Battey, of Rome, Ga., (*Virg. Medical Monthly*) reports eighteen consecutive cases of ovariotomy performed by him, all successfully. He employed a modified antiseptic treatment. He insists on having the patient under his immediate charge subsequent to the operation, and concludes as follows, "The friends of a patient are by no means the best nurses for an ovariotomy case. Whilst in England I was assured that no operator who had any character to lose would venture to stake it upon an operation to be done under such disadvantages. They all require their cases to come to them, and put them into the hands of their trained nurses.

Salicylate of Soda in Phlegmasia Alba Dolens.—D. Miguel Vigar (*La Correspondencia Medica*) says that of four cases of phlegmasia alba dolens which he has had occasion to treat, in the first with the topical remedies usually employed he obtained no result attributable to the medication, since the patient remained in bed two months; and that in the other three, having employed the salicylate of soda, in the dose of four grammes (60 grains) a day, he noticed in all, from the first day of taking the medicine, notable diminution of the fever and œdema. Neither of these patients passed more than twenty-one days in bed, and no œdema, nodosities, or thickening of the lower limb remained.—*London Medical Record.*

Diarrhœa Mixture.—

℞	Tinct. catechu,	ʒ ij,
	Oil peppermint,	M. vj,
	Ext opii liquidi,	M. xiij,
	Mistura cretæ ad.,	fl. ℥ iv. M.

Sig.—Teaspoonful every time the bowels are moved.

A New Tracheotomy Tube.—Dr. Hendrix, in the *St. Louis Med. Journal* for August, describes a tracheal tube of his invention which he thinks has several advantages over the common tube, especially in the cleansing and changing. It is of ordinary tracheotomy shape with a short external tube intended to reach only through the tissue down to the trachea but not into it. Through this the long tube with the long fenestra is made to slide and is held by a friction clamp, confined by a screw in such a way as to be removed gradually, and as the screw tightens the clamp to the tube it may be retained at any depth required. It obviates the necessity of having a skilled person remaining constantly with the patient.

THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science Criticism and News.

Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.

AGENTS.—DAWSON BROS., Montreal; J. & A. MCMILLAN, St. John, N. B.; GEO. STREET & Co., 30 Cornhill, London, Eng.; M. H. MAHLER, 23 Rue Richer, Paris.

TORONTO, AUGUST, 1884.

The LANCET *has the largest circulation of any Medical Journal in Canada.*

CANADA MEDICAL ASSOCIATION.

We trust our readers and the profession generally will remember that the meeting of the Canada Medical Association, as noticed in our May number, will take place this year in Montreal, on the 25th, 26th, and 27th of August, under the presidency of Dr. Sullivan, of Kingston. The interest in this meeting will be greatly enhanced by the presence of the members of the British Association for the advancement of science. Their meeting begins on the 27th, and several of the members have expressed their intention of being present at our meeting. Dr. Tait, of Manchester, has promised to read a paper on "Abdominal Surgery." We trust the members of the medical profession throughout the Dominion will be present in large numbers. This will probably be the only opportunity for some years to come, of seeing and hearing many of the leading scientific men of Great Britain. Certificates entitling members to return tickets at a fare of one and one-third—good from August 22nd to September 5th—may be had on application to Dr. Osler, General Secretary, Montreal, or to any of the local secretaries, viz., Drs. Bray, Chatham; Bell, Montreal; Coleman, St. John, N. B.; Black, Halifax; and Betts, Winnipeg. Members leaving Toronto by the Saturday boat at 2 p.m., or the Sunday evening train will reach Montreal in time for the opening session on Monday the 25th, at 10 a.m. The local committee has secured the Synod Hall, in connection with the Cathedral, as the place of meeting.

RABIES INOCULATION.

It is now about four years since Pasteur commenced his experiments and researches into the nature of hydrophobia, the results of which have been recently given to the public. Although the profession and scientists generally may not be very sanguine as to the grand results which this distinguished *savant* claims, yet enough has been advanced to warrant the French Government in appointing a commission of scientific men of indisputable authority to investigate the matter and to test the value of the interesting experiments instituted by Pasteur. The names of Vulpian, Villemin, Bert and Bouley are a sufficient guarantee of the character and reliability of the proposed enquiry. Pasteur in the course of his experiments hit upon the expedient of inoculating the brain of the animal with the virus of rabies. The skull is trephined with a small instrument and the virus introduced. By this method the action of the virus is much hastened, the effects being manifest in a few days, instead of from twelve to fourteen days. In fact Pasteur thinks he has in this way demonstrated that rabies is a malady of the brain. In the course of his experiments he found that the virus, after having passed through three monkeys in succession, becomes so attenuated that its introduction into a dog is harmless. But when the virus is passed through the rabbit and guinea-pig in like manner, it increases in virulence, becoming more virulent than the virus of the rabid dog. The plan proposed is to take the virus from a rabbit dying after inoculation, and inoculate this successively in other rabbits, and finally in the dog, which is thus rendered refractory to the rabies.

The test experiments proposed by Pasteur consist, first, in causing twenty unprotected dogs and twenty "vaccinated" dogs (presumably protected thereby from the poison) to be bitten by dogs in a rabid state; and, second, in artificially inoculating with the virus of rabies two other sets of twenty dogs, respectively vaccinated and unvaccinated. "The twenty vaccinated dogs," says Pasteur, "will resist the poison, and the other twenty will all die of madness."

The importance of this discovery, if true, cannot be over-estimated, but we must not be too ready to express unqualified approval and endorsement of Pasteur's views. It will be observed that he uses, contrary to what one would have supposed, the virus from rabbits, and not the attenuated virus from monkeys. Furthermore, he does not propose to apply the virus for the protection of human beings, although we have read in the press that persons applied to him for inoculation. The experiments so far do not seem to us convincing, and we await with considerable curiosity, mingled with not a little anxiety, the report of the commission. The result of these trials can hardly fail to be largely decisive of the question one way or the other, and will be an unequivocal illustration of the value of experimental pathology. Meantime, we agree with the man who said that the best way to prevent hydrophobia was "to shoot the dog before he went mad."

THE CHOLERA EPIDEMIC.

"Eternal vigilance is the price of liberty." But little change need be made in the wording of this well known aphorism in the science of government to make it applicable to sanitary science. Eternal vigilance is the price of health. This is not only true in the sense of the life of the individual, but it is also true as regards the life of the whole people. Vigilance in sanitary matters is at all times commendable, both on the part of nations and individuals. But this is more especially true at a time of more than ordinary danger—at a time when the air is portentous of dire calamity in the near future. Such a time is the present. Cholera, that dreaded scourge of the human race, is now revelling and gambolling amongst its helpless victims along the coasts of the Mediterranean Sea. At the present writing southern France has been reached, and different centres of population are experiencing all the horrors of the plague. Where it will next appear no one can tell, for that depends on numerous modifying circumstances. It is just possible, owing to the intimate relations existing between nations, the multifarious channels of trade and travel, and the rapid movement of ocean steamers, that cholera may appear in Quebec or New York before it does in Paris. Ships will be permitted to leave infected ports, and no matter how careful health inspectors may be at such ports, there is always the dread possibility that an outgoing vessel may become a veritable messenger of death to thousands resting in self-security at a point thousands of miles away, and this, too, i spite of the strictest quarantine. Perhaps no enemy of our race so nimbly and stealthily eludes th eye of the sentinel as that mysterious somethin whose terrible operations we call cholera. Th knowledge of this fact affords an additional reaso for vigilance on the part of all concerned.

An invasion of cholera is a thing so terrible, tha governments would be quite justifiable, nay, ar morally bound, to exercise care to the extent o embarrassing commerce and inconveniencing travel, to a degree not hitherto practised. A threatened wholesale slaughter of the best, as well as th worst, of a people, is something so inexpressibl appalling and calamitous that, to avert it, no material consideration should stand in the way, for single moment. The French government, by placing itself between the dead and dying, and th living, has set an example worthy of all praise By voting a liberal sum for the purposes of relie and protection, the French legislature only place itself in accord with the sentiments of the times but that in no way detracts from the wisdom an expediency of the act, while it furnishes to othe nations an example worthy of imitation.

We notice with pleasure that the United State government is instituting precautionary measures having issued strict orders to its consuls at al points of danger, especially regarding vessels embarking for that country, and also by the adoptio of measures of protection at home. We trust th Dominion government is not asleep and that al ready vigorous measures are being matured t protect our people from impending calamity, s far as human effort is capable of so doing. No only does this duty devolve upon the central government, but also upon our Provincial governments, and upon all other authorities or corporations having the power to enforce sanitary laws I is needless in this enlightened day to point ou what measures are called for in this emergency We may mention, however, that the work naturall divides itself into two parts—general and loca Quarantine, of course, falls to the province of th general government, and that implies a good deal The Provincial governments have the power t enforce sanitary regulations, and in case of a invasion of the disease, may institute measure calculated to prevent its spreading. But no government will engage in the work of drainage, o the cleansing of streets. This is the business of municipal authorities. It is well always to remember that, while the best sanitary conditions do not secure complete immunity from this, or any disease, yet cholera specially delights to dwell and revel amidst general squalor.

Dr. Covernton, chairman of the Ontario Board of Health, strikes the key-note in his letter to the local press, when he says that "thorough inspection and disinfection should be made imperative at the various ports of entry." If to this be added complete isolation of all cases that occur, there need be no fear of the spread of the disease. A pamphlet on cholera was issued by the Ontario Board of Health last year, giving full instructions as to prevention, etc., and it would be well at this juncture to republish it. So far as Toronto is concerned, we have a most able health officer, and an efficient Board of Health, and if the authorities supply the requisite funds, a thorough purification of lanes, cesspools, drains, slaughter-houses, etc., and the removal of every variety of filth may be confidently relied upon. We trust that other cities and towns in the Dominion will do likewise.

JEAN ETIENNE LANDRY, M.D.

The death of Dr. J. E. Landry, of Quebec, is announced in *Le Canadian* of June 18th. He was born at Carleton, Que., in 1815, and received his early education at St. Anne. He studied medicine in the Marine Hospital for four years, and received his license in 1840. After graduation he practiced a few years at Point Levis, and afterwards returned to Quebec. In 1854 he was appointed professor of surgery in Laval University, a position which he held for upwards of a quarter of a century. He also held the position first of surgeon, afterwards of consulting surgeon to the Hotel Dieu, the Marine Hospital, and other institutions in Quebec. He had since 1880, however, retired in great measure from active duty. For a short period he was surgeon to the 11th and 24th British regiments. Among some of the foreign honors bestowed upon him may be mentioned the following: Knight Commander of the Order of St. Gregory and St. Sepulcre, Corresponding Member of the Anthropological Society of Paris, Honorary Member of the Society D'Emulation, etc., etc. He had obtained great eminence in his profession and was highly esteemed by his confrères and the public generally.

Audi Alteram Partem.—In another column we give place to a letter calling in question the proposed amendment to the Medical Act, with reference to the annual fee to be imposed on members of the College of Physicians and Surgeons of Ontario. We are of course quite willing that both sides shall have a hearing. The object of the contemplated amendment to the Medical Act, is to get over the difficulty and expense of collecting a small annual assessment fee. No doubt most members will avail themselves of the proposed commutation rates. This will not, so far as we can see, cause any hardship, inasmuch as those who have paid their annual dues regularly in the past, will require to pay only the difference between what they have already paid into the treasury, and $20. They are thus relieved of all worry or anxiety about remitting a small sum every year. Many will regard this as a boon, so that we do not for a moment believe there will be any serious opposition to the scheme. Space will be freely given, however, to any who may desire to discuss the question on its merits. We have no objection to hear the pros and cons.

Nitrite of Amyl in Epilepsy.—The editor of the *Alienist* says one method of treatment is to put a drachm of amyl nitrite in a two inch long, three drachm vial, placing a small sponge between the liquid and the cork, instructing the parent or attendant to keep the vial always accessible in the pocket, and upon the first sign of approaching spasm to withdraw the cork and apply to the nostril a sufficient time to slightly suffuse the face, and adopt the same method shortly before the time of the expected paroxysm, and several times a day when convulsive recurrences are frequent. He has had the most satisfactory results, with old and young by this method. The dose of the amyl nitrite *should be regulated by the effect produced rather than quantity, provided the inhalations are very brief. A few seconds* only for an inhalation, and not oftener repeated than every six hours.

"Gross" Memorial Professorship.—The Alumni Association of Jefferson Medical College has inaugurated a movement to secure, in some medical school, the endowment of a Memorial Professorship, to be designated the S. D. Gross Professorship of Pathological Anatomy. The profession at large, the personal friends of the late Professor Gross, and others who may be interested in such an object, are cordially invited to participate in this recognition of the services and reputation of the late Professor Gross. Contributions may be sent to Dr. R. J. Dunglison, Box 1274, Philadelphia.

Lotion in Severe Contusions.—The following formula of a lotion is very highly recommended by Dr. Hewson, in the *Medical Times* in cases of severe contusion. He has had large experience in the treatment of such wounds among the lumbermen in Texas, and has found it of great service :

℞	Sodæ hyposulphit.........	℥iv.
	Acid carbol. crystal......	ʒss.
	Glycerini	℥ij.
	Aquæ	Oj.—M.

A cloth well saturated with the lotion to be kept constantly applied to the part.

Nomination for Ontario Medical Council.—The members of the Huron Medical Association have unanimously nominated Dr. J. Campbell, of Seaforth, as a candidate to contest the territorial division of Malahide and Tecumseh at the election to be held in May next. We congratulate Dr. Campbell upon this expression of confidence from his worthy confrères, and should he be elected we feel sure their confidence will not be misplaced, as he will undoubtedly make a most able and energetic representative.

Nitro-Glycerine in Epilepsy.—This remedy has been in use in the treatment of epilepsy during the past few years with varying results. Dr. F. W. Campbell, of Montreal, in some remarks before the Medico-Chirurg. Society, reported in the *Can. Med. and Surg. Journal*, claims to have had continued good results. Even when it did not cure, it had the effect of diminishing the force and frequency of the attacks. He administers one drop of a one per cent. solution three times a day.

Gynæcological.—The following caustic criticism is from the pen of Dr. Clifford Allbut :—He says : "A neuralgic woman is either told that she is hysterical or that it is all uterus. In the first case she is comparatively fortunate, for she is only slighted ; in the second she is entangled in the net of the gynæcologist, who finds her uterus, like her nose, a little on one side ; or, again, like that organ, is running a little, or is as flabby as her biceps, so that the unhappy viscus is impaled on a stem, or perched upon a prop, or is painted with carbolic acid every week in the year, except during the long vacation when the gynæcologist is grouse-shooting, salmon catching, or leading the fashion in the Upper Engadine. Her mind thus fastened to a more or less nasty mystery, becomes newly apprehensive and physically introspective, and the morbid chains are riveted more strongly than ever. Arraign the uterus and you fix in woman the arrow of hypocondria, it may be for life."

Professional Advertising.—Our confréres down by the sea are not to be outdone in the matter of advertising. An ex-president of the Nova Scotia Medical Society (by the way presidents and ex-presidents of societies, are not the smallest sinners in this respect,) who spoke so strongly a year ago about "levelling up" (sic.) the profession, occupies half a page in announcing his "Private Infirmary" in Belcher's Farmers' Almanac for 1884. (See advertising page 24). This same gentleman has also recently issued a circular on the eve of his departure for Europe, in which he modestly states he expects to visit several of the larger special hospitals of England, Germany, and France, and to bring back such increased store of practical knowledge, together with new surgical apparatus, as may be of use to those who may seek his services.

Diagnosis of Cancer of the Stomach.—Dr. Rommelaere, *Jour. de Med.* of Brussels, publishes a series of clinical observations, illustrating a new point in the pathology of cancer. In thirty-four cases investigated by him, he finds that in cancer of the stomach the amount of urea daily eliminated progressively diminishes until it is below 12 grammes (180 grains). In twelve cases of gastric ulcer the daily elimination was about 25 grammes. In studying cases, therefore, where doubt exists between ulcer and cancer a diagnosis can thus be made.

Reception to Dr. Jenks.—Dr. Jenks, who rmerly practiced in Detroit, but who accepted he chair of Gynecology in the Chicago Medical College, five years ago. has recently returned to is former home, on account of his wife's ill health. A grand reception was given him at the residence of Dr. Morse Stewart, at which upwards of a hundred of his former fellow-practitioners and a number of prominent citizens were present. We congratulate the Dr. upon this generous exhibition of raternal feeling.

Appointments.—Dr. Sheard, Prof. of Physiology, and Dr. Teskey, Demonstrator of Anatomy, Trinity Medical College, Toronto, have been appointed, the former on the acting staff, and the latter Pathologist to the Toronto General Hospital.

The following changes have been made in Bishop's Medical College, Montreal, Dr. D. D. Gaherty, Prof. of Anatomy; Dr. H. L. Reddy, Prof. of Medical Jurisprudence; Dr. J. C. Cameron, Prof. of Obstetrics; J. T. Donald, M. A., Prof. of Chemistry.

Dr. James Gray has been appointed Medical Superintendent of the Montreal General Hospital.

Omission.—In our report of the Ontario Medical Association, we inadvertently omitted to make mention of two interesting papers, one by Dr. Gunn, of Brucefield, on "Hysteria," and the other on "Exophthalmic Goitre," by Dr. Campbell, of Seaforth. The latter paper will be found in the present number, and the former will appear in an early issue. Both are worthy of attentive perusal.

Hymeneal.—Dr. Sheard, Prof. of Physiology in Trinity Medical College, Toronto, has joined the great army of Benedicts, and has gone with his bride to Baltimore. He will visit the Johns Hopkins University and look into their methods of investigation and instruction in physiology and pathology. We offer him our congratulations, and wish him all happiness.

British Diplomas.—The following gentlemen, graduates of Trinity Medical College, Toronto, have successfully passed their examination for the L.R.C.P., Edin:—Drs. B. H. Scott, A. Gillespie, J. Stuart McCullough, J. E. W. Anderson, J. Standish McCullough, E. A. Hall, W. J. Chambers.

Hay Asthma.—The approach of the "hay fever" season suggests a reference to some of the remedies which have been found serviceable in this affection. Belladonna is highly spoken of by Dr. Phil ps in the *British Med. Journal.* He gives one and a quarter minims of the succus in water every hour till relieved. Dr. Dobson, in the *Lancet* for May 31st, recommends the inhalation of camphor and steam. One drachm of powdered camphor is put into a vessel containing hot water and the steam inhaled for twenty minutes at a time, and repeated every hour until relieved.

Notice.—If the person who advertised the practice for sale in a rapidly growing town on the Georgian Bay, in the last issue of the Lancet, will communicate with this office he will hear something to his advantage.

Trinity College Convocation.—The following medical gentlemen received the degree of M.D., C.M., on the 3rd ult.: Drs. M. Sutton, Jas. Henderson and W. Nattress.

Removal.—Dr. A. Sanford, of Upper Kennetcook, N. S., has removed to Brooklyn, N. Y., where he intends to establish himself in practice.

The British Medical Bill has passed the second reading and there is now no reasonable doubt that it will shortly become law.

The death of Cæsar Henry Hawkins, of London, Eng., Sergeant-Surgeon to the Queen, is announced.

Books and Pamphlets.

Eczema and its Management, based on the study of three thousand cases. By L. Duncan Bulkley, A.M., M.D., New York. Second Edition. New York: G. P. Putnam's Sons. Toronto: Williamson & Co.

This is the second edition of this work by the well-known authority on skin diseases. He has had large practical experience as a dermatologist and has turned it to good account. The work before us is based on the study of three thousand cases of the disease under consideration, which have been analyzed with praiseworthy diligence. He has studied the relation of eczema to asthma and has come to the conclusion that the latter is a condition of the pulmonary tract similar to that found on the skin in eczema. He also believes eczema resembles gout and rheumatism in certain respects, and is dependent on a similar unknown cause. In the treatment he lays great stress on dietetic and hygenic measures. He believes that arsenic is often of value in chronic cases, but used indiscriminately it may do harm. Cod-liver oil is well adapted to most cases. For eczema of the anus and genitals, which sometimes proves so intractable, he recommends hot water, as hot as can be borne, applied for about five minutes, the parts then pressed dry with a soft napkin, and some ointment containing tar and zinc immediately applied to exclude the air entirely. It is upon the whole a most admirable book, but is somewhat encumbered with matter which is not essential to the elucidation of the subject.

Second Annual Report of the Ontario Board of Health, for the year 1883.

This report gives evidence of a considerable amount of labor on the part of the various members of the Board, but in the shape in which it is, we fear the outcome will be of little practical value to the general public. A few small pamphlets containing practical information on sanitary matters, circulated broadcast, would be of infinitely more service than this cumbrous report, which will be read by nobody, and referred to by very few outside of the small body of sanitarians. It is useful merely as a record of the labors of the board — an account of their stewardship, and as such is not wholly without interest. It seems a most difficult task to arouse any degree of interest in the public mind regarding sanitary reform. Even the approach of cholera seems hardly sufficient to arouse municipal authorities to a sense of their duties and responsibilities.

The Popular Science Monthly for August, 1884. New York: D. Appleton & Co.

The August number of "The Popular Science Monthly" contains several interesting papers, among which may be mentioned two articles on the future of religion. The first, "The Ghost of Religion," is by Frederic Harrison, and is an attack on Mr. Spencer's "Unknowable," and the second, "Retrogressive Religion," is Mr. Spencer's reply. "The World's Geyser-Regions," by Dr. Peale, with several full-page illustrations, is also very instructive. There is also a curious and interesting article on old-fashioned arithmetic, under the title of "The Mystic Properties of Numbers." The Editor's Table is occupied with a discussio of the relations of "Science and the Temperanc Reform."

Fifty cents a number, $5 a year; with th Canada Lancet $7 per annum.

Clinical Chemistry, by Charles H. Ralfe, M.D Illustrated with 16 engravings. Philadelphia H. C. Lea's, Son & Co.

The Dissector's Manual, by H. Bruce Clarke M.B, and Charles B. Lockwood, M.B., F.R.C S., Eng. Illustrated with 49 engravings. Philadelphia: H. C. Lea's, Son & Co.

Elements of Surgical Pathology, by Augustu J. Pepper, M.B., F.R.C.S., Eng. Illustrate with 81 engravings. Philadelphia: H. C. Lea's Son & Co.

The above are three of a series of "Students Manuals," issued by this well-known publishin house. They are octavo size, well printed, an handsomely bound. The object of these works i to furnish students and practitioners with a concis account of the subjects presented. The author have apparently kept this object well in view, an the result of their labours is very satisfactory.

Report of the Medical Superintendent o the Asylum for Insane, Toronto, for th Year ending 30th September, 1883.

From a casual glance at the superintendent' report, we find that the death rate has been ver uniform for several years past, and considerabl below the average mortality in asylums, bein about 4½ per cent. This is a fair estimate of th healthfulness of the inmates, and evidence also favorable sanitary surroundings. The recoverie have been 65, out of 162 admissions during th year, or 40 per cent., or 7½ per cent. of the entir population. The superintendent estimates th number of insane people in this province at 2,8 or 1 to 714 of the population, of which 90 p cent. are under asylum care. This is a mu better showing than that of our neighbors acro the line.

Births, Marriages and Deaths.

On the 10th ult., Charles Sheard, M.D., M. C.S., Eng., Professor of Physiology and Patholog Trinity Medical School, Toronto, to Virna, elde daughter of E. Stanton, Esq., Toronto.

On the 2nd ult., at Uniontown, Kansas, the b loved wife of Dr. A. L. Fulton, Editor of the *Ka sas City Medical Record.*

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